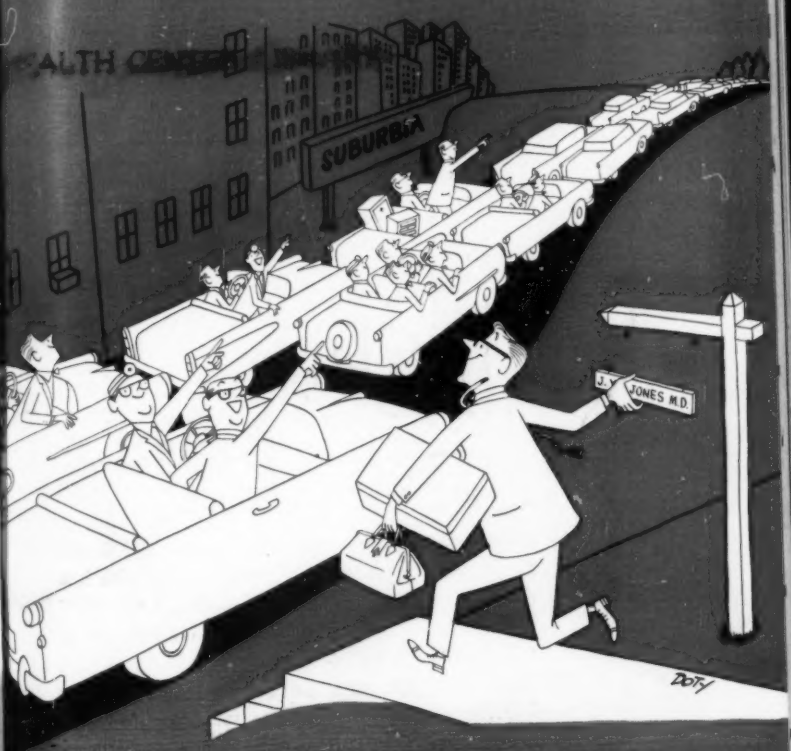
Medical Economics

BLISHED EVERY OTHER MONDAY • ISSUE OF JUNE 23, 1958



THEY'RE MOVING TO THE SUBURBS

also in this issue . . .

HE TAUGHT THEM MONEY MANAGEMENT

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QUIACTIN—in the recommended dose—one 400 mg. tablet q.i.d., provides greater tranquility with less drowsiness and more prolonged activity.[1] QUIACTIN is remarkably nontoxic, noncumulative and has no withdrawal symptoms.[1-3]

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1. Proctor, R. C.: Dis. Nerv. Sys. 18:223 1957. 2. Feuss, C. D., and Gragg, L., Jr.: Dis. Nerv. Sys. 18:29, 1957. 3. Coats, E. A., and Gray, R. W.: Dis. Nerv. Sys. 18:191, 1957. Registered Trademark: Quiactin

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Medical Economics

NEWS BRIEFS

TELL YOUR SENATOR BEFORE JULY 1 if you want to be sure to keep your Medicare patients. The Senate will decide about then on a major appropriations cut that could wipe out private care wherever military care is available.

M.D.s AREN'T TOPS on most recent list of good credit risks. Ahead of them are executives, accountants, retail and chain store managers.

DON'T PUT NON-M.D.s ON YOUR LETTERHEAD, the Wisconsin State Medical Society has told members. It's all right to employ a physical therapist or podiatrist, for example, but not to share office space or stationery in a way that implies affiliation, the society says.

SUE THE MEDICAL MEN FOR $1,000,000! That's what New York State chiropractors resolved to do at their last convention if M.D.s oppose licensing of chiropractors in that state.

NEWS BRIEFS

RETIREMENT FUND with tax savings is being offered M.D.s by a Detroit firm. It buys a doctor's accounts receivable, pays him part cash, sets up a pension fund he can tap later. Internal Revenue Service will rule on it soon.

YOUR REGULAR PATIENTS are much more likely to have health insurance than are drop-ins, judging from a Health Insurance Institute study. 77% of families with a regular family physician have insurance, while only 57% of those without a family doctor are covered.

NEW POWER FOR BLUE CROSS in Pennsylvania: The insurance commissioner has told the plans to determine how hospital costs can be cut; and he says they can require hospitals to put economies into effect. If a hospital won't cooperate, the commissioner won't approve its Blue Cross contract. Meanwhile, he says, no premium increase till reforms are under way.

NET GAIN IN DOCTOR POPULATION: 3,955. That's the A.M.A.'s figure for 1957. During the year 7,455 new doctors were licensed; 3,500 died. One-quarter of the licensure applicants were graduates of foreign (excluding Canadian) schools. 54% of them passed, compared to the overall pass-rate of 85%.

FIRST CASUALTY of Canadian government hospital insurance plan: Blue Cross in Manitoba goes out of business next week.

THE EVER-RISING FIGURE for medical care in the Consumer Price Index has long seemed inaccurate to doctors. Now, at last, the Government is reviewing the sample used and the items covered. But the result could push the index farther up. Changes under consideration: (1) adding X-ray, lab, and anesthesia charges to hospital index, now figured on room rates alone; and (2) adding internists to the family doctor sample.

YOU STAND TO COLLECT only 45 cents per $1 on overdue accounts you've let slide for a year, according to latest Medical-Dental-Hospital Bureau estimates. After two years: 23 cents.

KAISER PLAN, bugbear of West Coast physicians, has announced a bang-up start in Honolulu. The founding group of M.D.s includes the president of Hawaii Medical Association and the A.M.A. delegate. A $4,000,000 medical center and hospital will be staffed by local doctors, not mainland imports. Subscribers may elect other health insurance, even though their group goes for Kaiser panel plan. And the hospital will be open-staff, the Kaiser announcement says.

NEWS BRIEFS

YOUNG DOCTORS BECOME SUCCESSFUL sooner than they used to, a new survey shows. Of 140 recent beginners who were surveyed, not one had failed to build at least a moderately successful practice within twenty-four months.

PAYING A $500 MEDICAL BILL wouldn't be a real hardship for 43% of the people, according to a new study sponsored by the Health Information Foundation. 40% of the families interviewed said that such a bill would be "very difficult." 17% said they couldn't manage it.

A FULL-TIME SALARIED DOCTOR IN A HOSPITAL is not required to report as taxable income the checks from patients that he endorses over to the hospital, a new Internal Revenue ruling says. But it warns that he must attach to his tax return "a schedule setting forth the sources of the fees, the amounts...and the disposition of them."

NEW CAR STYLING is responsible for a coming round of increases in comprehensive (fire, theft, breakage) auto insurance premiums. Replacing a 1948 windshield cost $24.75. Today's wrap-around version costs $96.75. It may pay you to look into the new $50-deductible policies; they can save you up to 40% on premiums.

in angina pectoris

new

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brand of pentaerythritol tetranitrate

for immediate relief of the acute attack

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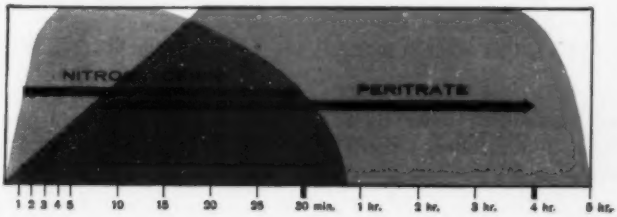

A sublingual, hypodermic-type tablet.
Disintegrates completely in less than 5 seconds.

WARNER-CHILCOTT

poor substitute for companionship

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- relieve the underlying tension and anxiety that so often cause overeating.

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Medical Economics

INDEPENDENT NATIONAL BUSINESS MAGAZINE FOR PHYSICIANS, JUNE 23, 1958

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He Taught Them Money Management ***73***

These doctors doubled their net income after an expert straightened out the business side of their practice for them

They Said He Abused Blue Shield ***78***

Confronted with a fee complaint, this doctor answered it so eloquently that his letter may well serve as a model for the kind of fee discussion it takes to satisfy today's patients

How to Lose an Aide ***89***

It's surprisingly easy, this doctor's aide says. So easy, in fact, that without realizing it you may already be following her tested, ten-point program for alienating employes

How Risky Is the Role of Good Samaritan? ***91***

Many a doctor has been sued by a stranger he went out of his way to help at the side of the road. It could happen to you

When Do Your Bills Become Uncollectible? ***95***

Better brush up now on how the legal time limits apply to your outstanding accounts. They're not the same in all states

MORE ▶

 Published fortnightly at Oradell, N. J. Vol. 35, No. 13. Price 50 cents a copy, $10 a year (Canada and foreign, $12). Circulation, 147,000 physicians. Accepted as a controlled circulation publication at the Post Office at Rutherford, N. J. Address all editorial and business correspondence to MEDICAL ECONOMICS, Oradell, N. J. For changes of address, use the form on page 132.

They're Moving to the Suburbs ***98***

Young specialists are leading the parade. Here's how they're managing the switch from city practice and what they're learning about specialty practice in suburban communities

What's Wrong With Group Practice ***105***

The caste system, the medical hierarchy, the big-business over-tones got this doctor down despite financial advantages

How Patients Really Feel About Your Fees ***118***

They probably think you charge too much, this recent study shows. And, oddly, that may make them respect you more

Recession Stalls Reuther's Health Plan ***124***

Private medicine is also a stumbling block. But, despite mounting difficulties in lining up physicians and hospital beds, the U.A.W. expects to make 'a modest start in 1959'

Reading Yourself Ragged? ***141***

You can cut your reading time by 50%, or read twice as much with less effort, if you paste these tips in your book

Don't Forget to Stop-Loss Your Stocks ***150***

If you're going to be out of touch with the market for a while this summer, leave a safety-sell order with your broker

MORE ▶

"... few individuals, if any, are able to meet the increased needs of pregnancy without suffering some degree of deprivation."[1]

Help assure your patients nutritionally perfect pregnancies prescribe

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just 1 small capsule-shaped tablet daily

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Riboflavin	3 mg.
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Folic Acid	0.25 mg.
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Calcium, elemental (as calcium carbonate, 375 mg.)	150 mg.
Iron, elemental (as ferrous sulfate exsiccated, 33.6 mg.)	10 mg.
Iodine, elemental (as potassium iodide, 0.2 mg.)	0.15 mg.
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Copper (as the sulfate)	1 mg.
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Manganese (as the sulfate)	1 mg.
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Reference: 1. Tompkins, W. T. in Wohl, M. G. and Goodhart, R. S.: *Modern Nutrition in Health and Disease*, Lea & Febiger, Philadelphia, 1955, p. 886.

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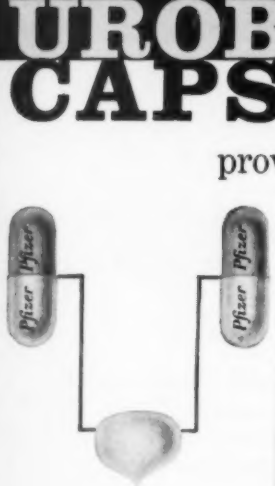

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REFERENCES: Bourque, J. P., and **Joyal, J.:** A Clinical Study of a New Sulfonamide in the Treatment of Urinary Infections, Canad. M. A. J. **68**:337, 1953. **Trafton, H. M.,** and **Lind, H. E.:** Urinary Infections, Clinical and Bacteriological Cure with Terramycin, J. Urol. **69**:315, 1953. **Musselman, M. M.:** Terramycin, Antibiotics Monographs No. 6, New York, Medical Encyclopedia, Inc., 1956. **Longley, J. R.:** Oxytetracycline Therapy in Surgery and Infections of the Urinary Tract, Antibiotics Annual 1955-1956, New York, Medical Encyclopedia, Inc., 1956, p. 358.

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Letters

Certification by Whom?

SIRS: You report that a Massachusetts medical journal has recommended that the A.M.A. take over certification. I have a better idea. The certification of medical specialists should be a function of government. Its purpose: to protect the public from unqualified workmen on the one hand, and to prevent an economic monopoly by private organizations on the other.

E. O. Breckenridge, M.D.
Mason, Texas

Doctors vs. Nurses

SIRS: Are our hospitals run by nurses? They sure are! As a psychiatrist, I'd say there was far too much momism in our hospitals. They're controlled by females just as American husbands are controlled by their wives.

If this female rule were efficient and reasonable, it wouldn't be so bad. But it stems from a mental Lesbianism in which the nurses love women and hate men, whom they seek to dominate in order to destroy.

Arise, men! Arise, male slaves! You have nothing to lose but your chains.

George Wolf, M.D.
Yonkers, N.Y.

SIRS: . . . Most of the trouble is caused by the doctors themselves.

For instance, I recall that when I was a student nurse, a doctor ordered a postoperative narcotic for his patient every four hours around the clock, whether the patient needed it or not. The conscientious night nurse in charge of the floor followed these instructions with great care. She took the patient's B.P. before each dose, and checked him on her rounds every half-hour.

Next morning the patient went into deep shock. The doctor accused the nurse of giving the patient an overdose and of not checking him closely enough. He threatened to have her registration taken away.

I will never forget that incident;

and I have always refused to carry out any such order without first questioning the doctor thoroughly about it. I always refuse an oral order and hand the patient's chart to the doctor for a written one instead.

I've never heard of any nurse canceling an operation, or issuing stop-orders for medication, or diagnosing or prescribing for any patient.

But no human beings are infallible—least of all, doctors. And if the nurse who questions an order is running the hospital, then thank God there's someone to do it.

R.N., Minnesota

Social Security Views

SIRS: I am opposed to Social Security in any form, shape, or manner not only for the physician but for all Americans. Our country didn't grow and prosper under a cradle-to-grave security program.

In recent years there has been an undermining of the traditional American spirit. Some of these changes have come about by man's greed to get what he can for nothing—Social Security, farm subsidies, unemployment insurance, etc.

Let's stop all this nonsense!

Morton Kaplan, M.D.
Long Island City, N.Y.

SIRS: I am an osteopath engaged in rural general practice. Often patients ask me why I became a D.O. rather than an M.D. I never used to have a ready answer. But now I

NEW published reports of clinical studies show:

Decisive skeletal muscle relaxation with

Robaxin

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"Excellent," "marked," "pronounced" or "significant" results in 75.3% of cases of acute skeletal muscle spasm, and moderate results in 20.3% — or an over-all beneficial response in 95.6%. Other important advantages:

- Highly potent and long acting.[2,3,4,6,7,8]
- Relatively free of adverse side effects.[1,2,5]
- In ordinary dosage does not reduce normal muscle strength or reflex activity.[4]

Summary of four published clinical

ROBAXIN BENEFICIAL IN 95.6% OF

CONDITION	
STUDY 1[1]	
Skeletal muscle spasm secondary to acute trauma	
STUDY 2[2]	
Herniated disc	
Ligamentous strains	
Torticollis	
Whiplash injury	
Contusions, fractures, and muscle soreness due to accidents	
STUDY 3[3]	
Herniated disc	
Acute fibromyositis	
Torticollis	
STUDY 4[4]	
Pyramidal tract and acute myalgic disorders	
TOTALS	

clinical

% OF

…UTE SKELETAL MUSCLE SPASM[1,2,5,9]

RESPONSE			
…rked"	moderate	slight	none
…26	6	1	—
…unced"			
…25	13	—	1
4	4	—	—
3	—	—	—
2	1	—	—
3	2	—	—
…ellent"			
6	2	—	—
8	—	—	—
—	—	1	—
…ificant"			
…37	—	2	1
…04	28	4	2
(…3%)	(20.3%)		

References: 1. Carpenter, E. [illegible]: Southern Medical Journal 51: 627, 1958. 2. Forsyth, H. F.: J.A.M.A. 167:163, 1958. 3. [illegible], J. M., and Truitt, E. B., Jr.: J. Pharm. & Exper. Therap. 119: 161, 1957. 4. Morgan, A. M., Truitt, E. B., Jr., and Little, J. M.: J. Am. Pharm. Assn., Sci. Ed. 46:374, 1957. 5. O'Doherty, D. S., and Shields, C. D.: J.A.M.A. 167:160, 1958. 6. Park, H. W.: J.A.M.A. 167:168, 1958. 7. Truitt, E. B., Jr., and Patterson, R. B.: Proc. Soc. Exper. Bio. & Med. 95: 422, 1957. 8. Truitt, E. B., Jr., Patterson, R. B., Morgan, A. M., and Little, J. M.: J. Pharm. & Exper. Therap. 119: 189, 1957.

simply say: "As a D.O., I'm covered by Social Security." My patients feel this makes a lot of sense.

I'll gladly do without the fringe benefits that go with the letters M.D. in order to have the peace of mind that my Social Security number brings to my wife, to my family, and to me.

Charles R. Norton, D.O.
Grand Isle, Vt.

House-Call Fees

SIRS: After spending well over an hour on a midnight house call, a colleague of mine felt a higher fee than his usual $8 was indicated. So he charged $10.

The patient's husband gladly paid the fee, intimating that he thought it rather modest. He said he wired control panels at a local electrical manufacturing company. He'd had no more than a high-school education and had been trained for his job by the company. His pay was about $3.40 an hour. But whenever he was called out at night to fix a fouled-up panel job, he always got paid a half-day's wages at overtime.

In other words, even though the work might take him only fifteen minutes, he got $27.20 for it.

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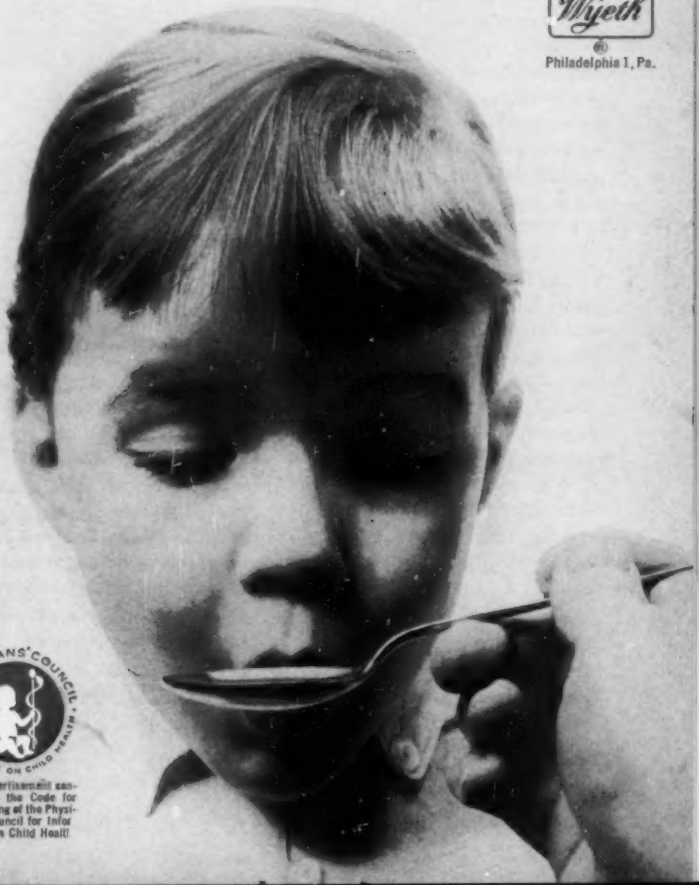

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would fit us to do so vital a service as solving a fouled-up panel job. Then perhaps we could be paid accordingly—and not be criticized for it.

Michael E. Connelly, M.D.
Sharon, Pa.

A.M.A. Wastes Money?

SIRS: Expenses at A.M.A. headquarters are getting bigger and bigger, and a lot of them are unnecessary. Whenever somebody there gets an idea, the association wastes mounds of time and money on studies and publications that can interest only the larger-size medical societies.

I've been secretary of our county society for twenty-five years; I've had a chance to see this thing grow. The A.M.A. is like our Federal Government, which is forever creating departments, committees, and what not and spending good money on them—and who cares? No wonder I have such a hard time collecting A.M.A. dues every year.

Why doesn't the association try to be helpful by doing more things that the individual doctor is vitally interested in?

C. Philip Fox, M.D.
Washington, Ind.

'Production-Line' M.D.s

SIRS: I recently moved to a new office next door to a dry-cleaning firm. When I dropped in to introduce myself to the owner, he surprised me by asking this question: "Are you a production-line doctor?"

To me, his remark sharply indicated how the layman is reacting against the hurried, production-line medicine now being practiced in the average medical office. Such practice is atrocious, and it's doing the profession great harm.

When I studied medicine, so much stress was laid on diagnosis that I assumed it to be the doctor's first concern. I was soon disillusioned. Someone has said: "For one mistake made through not knowing, ten are made through not looking." So true—and so easily forgotten.

W. A. Kilduff, M.D.
Garden City, Mich.

Not Too Commercial?

SIRS: Do efficient accounting machines in a doctor's office ever strike patients as being too commercial? I wouldn't say so. Our experience with most doctors has proved that no good business procedure will be resented unless it interferes with the doctor-patient relationship. Patients today appreciate—yes, even expect—the doctor to use up-to-date business methods.

Joseph C. Patterson
Medical Management, Inc.
Dayton, Ohio

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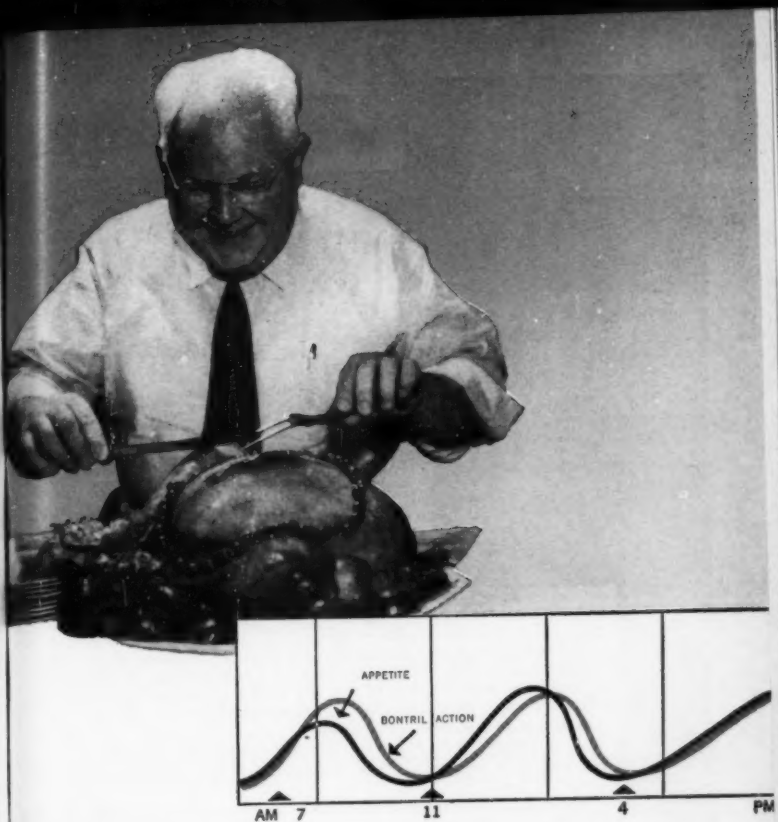

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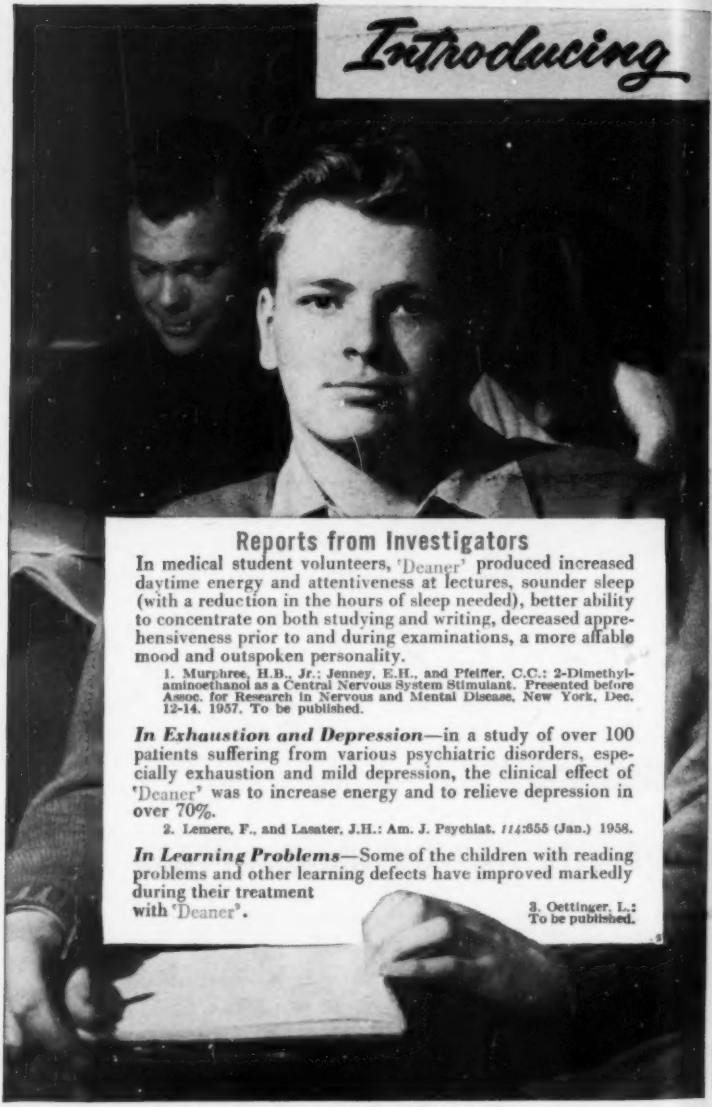
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1. Murphree, H.B., Jr.; Jenney, E.H., and Pfeiffer, C.C.: 2-Dimethylaminoethanol as a Central Nervous System Stimulant. Presented before Assoc. for Research in Nervous and Mental Disease, New York, Dec. 12-14, 1957. To be published.
In Exhaustion and Depression—in a study of over 100 patients suffering from various psychiatric disorders, especially exhaustion and mild depression, the clinical effect of 'Deaner' was to increase energy and to relieve depression in over 70%.
2. Lemere, F., and Lasater, J.H.: Am. J. Psychiat. 114:655 (Jan.) 1958.
In Learning Problems—Some of the children with reading problems and other learning defects have improved markedly during their treatment with 'Deaner'.
3. Oettinger, L.: To be published.

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Effects come on gradually and are prolonged . . .

Without causing hyperirritability, jitteriness or emotional tension . . .

Without causing excess motor activity . . .

Without causing loss of appetite . . .

Without elevating blood pressure or heart rate . . .

Without sudden letdown on discontinuance of therapy.

Dosage

Initially, 1 tablet (25 mg.) daily in the morning. Maintenance dose, 1 to 3 tablets (25 mg. to 75 mg.) for adults; ½ to 3 tablets for children. Full benefits may require two weeks or more of therapy.

'Deaner' is supplied in 25 mg. scored tablets in bottles of 100.

Another Riker *First*

LOS ANGELES

News

Patients' Bill of Rights Drawn Up by Doctors

Doctors in California are trying a new line of defense against governmental and closed-panel plans that undermine private practice. The California Medical Association, at its most recent meeting, adopted a "Bill of Basic Medical Rights" for patients. The doctors plan to publicize its four points widely—and also to use them "as the basis for participation in any program of medical care."

These are the four points:

1. "[The patient] shall have the right to retain the physician of his choice at office, home, or hospital and shall be free to terminate the professional relationship at his pleasure.

2. "He shall have the right to [the services of] physicians [whose] qualifications . . . have been determined by their peers, not by legislation. No governmental action shall create . . . first-, second-, and third-class physicians . . .

3. "He shall have the right to know that his physician is responsible for all decisions regarding the extent of his medical care, and that these decisions are not dictated, restricted, or suborned by any third party. . .

4. "He shall have the right to know that the management of his medical program is efficient and open to inspection."

'Don't Discard Your Old Malpractice Policies'

What insurance company would be liable if you were charged with malpractice tomorrow? If you've switched carriers in the last quarter-century, it might not be your present one, says Byron H. Somers, president of The Medical Protective Company. Here's why:

The company that's liable in any malpractice suit is the one that insured the doctor *at the time he rendered the contested treatment*. And a patient treated in infancy can legally charge malpractice for that

treatment as late as twenty-three years afterward in many states—even later in others.

Somers suggests you save your old malpractice policies as personal proof of coverage until it's no longer legally possible for a suit to develop under them.

Now They'll Store Your Credentials for You

How could American doctors prove their medical qualifications if war or other catastrophe destroyed their credentials? That question began troubling Student A.M.A. members some years ago. They saw displaced foreign physicians forced to do menial hospital work because their credentials had been destroyed. The students requested the World Medical Association to seek a way to prevent such tragedies in the future.

That request has now led the World Medical Association to set up a "central repository" for the safekeeping of medical credentials of all physicians who want the service.

Here's the set-up, as described by Dr. Walter C. Bornemeier, an officer of the W.M.A.:

If you apply to the W.M.A. office in New York, you'll be sent identification blanks that require thumb prints and a photograph. When you return this material to the Association, you can send along copies of your medical school and licensure credentials and of any other certification proofs you want stored.

Such records will be filed away in secret hiding places. You'll be told your file number, and you can withdraw the records or add to them at any time.

Lifetime charge for the service: $60 for doctors up to age 34, less than that for older men. First applications are being accepted at the A.M.A. meeting in San Francisco this week.

Quarterly Tax Bills Bring New Round of Complaints

This week, millions of taxpayers—including most doctors—are shorter of spare cash because they've just paid their quarterly tax installments to the Internal Revenue Service. But if you're typical, you're probably as much irritated by the red tape as by the taxes themselves.

What's your special peeve? It may well belong in one of the five following categories, says U.S. News & World Report:

1. Tax bills are sometimes as hard to read as "the eighth copy from a much-used book of carbon paper." The magazine cites the case of a professional man who "misread the dimly-typed amount due . . . He had to pay a penalty."

2. Payment rules are sometimes

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RECOMMENDED STARTING DOSE:
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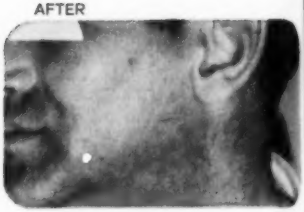
REFERENCE:
Alexander, L.: Chemotherapy of depression —Use of meprobamate combined with benactyzine (2-diethylaminoethyl benzilate) hydrochloride. **J.A.M.A. 166** *:1019, March 1, 1958.*

Literature and samples on request

†TRADE-MARK CD-6968

BEFORE AFTER

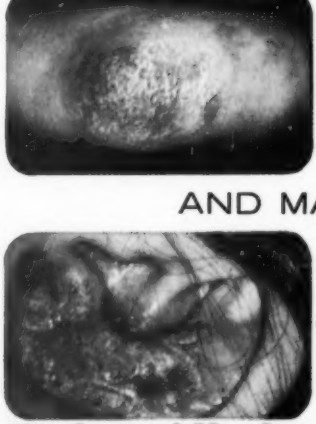
impetigo



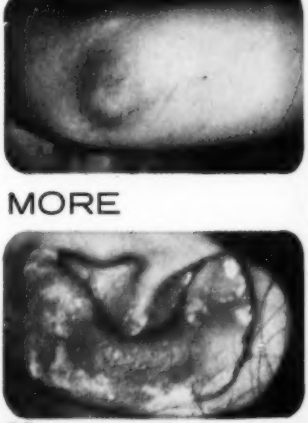
CONTROL THESE SKIN CONDITIONS

acute contact eczema

AND MANY MORE



infectious eczematoid dermatitis



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Also newly available: VIOFORM LOTION, for patients in whom hydrocortisone is not indicated. For supply of Vioform-Hydrocortisone and Vioform Lotions, write P.O. Box 277, CIBA, Summit, N. J. Request must be made on physician's letterhead or Rx blank.

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Supplied: VIOFORM-HYDROCORTISONE *Cream*, containing iodochlorhydroxyquin 3% and hydrocortisone 1% in a water-washable base; tubes of 5 and 20 Gm. *Lotion*, plastic squeeze bottles of 15 ml. VIOFORM *Lotion*, 3%; plastic squeeze bottles of 80 ml.

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needlessly complicated. Worst off, apparently, is the farmer: He has to pay Social Security taxes for his employes "to a Federal Reserve Bank or an authorized commercial bank," the regulations say. Exactly which bank? That's something he has to find out for himself.

3. Tax collectors tend to require repeated explanations of all deviations from the norm. To illustrate, here's a true story dredged up by U.S. News & World Report: "A Virginia housewife did not have a maid during three months she and her family spent at their summer cottage. So she sent in no [Social Security] payment. After coming home, she received a notice from the district revenue office, got two calls from a local agent, and had to write two letters of explanation before she squared herself with the Government."

4. Too many tax collectors don't seem to know their own rules. It's quite common, the magazine says, for a citizen who claims a deduction to discover that the local tax office has never heard about the regulation on which it's based.

5. Tax laws are discriminatory. Doctors who do charity work, for instance, can't deduct the value of their time and services. But a rich man can deduct the money he gives to the same charity.

"Most taxpayers do their con-

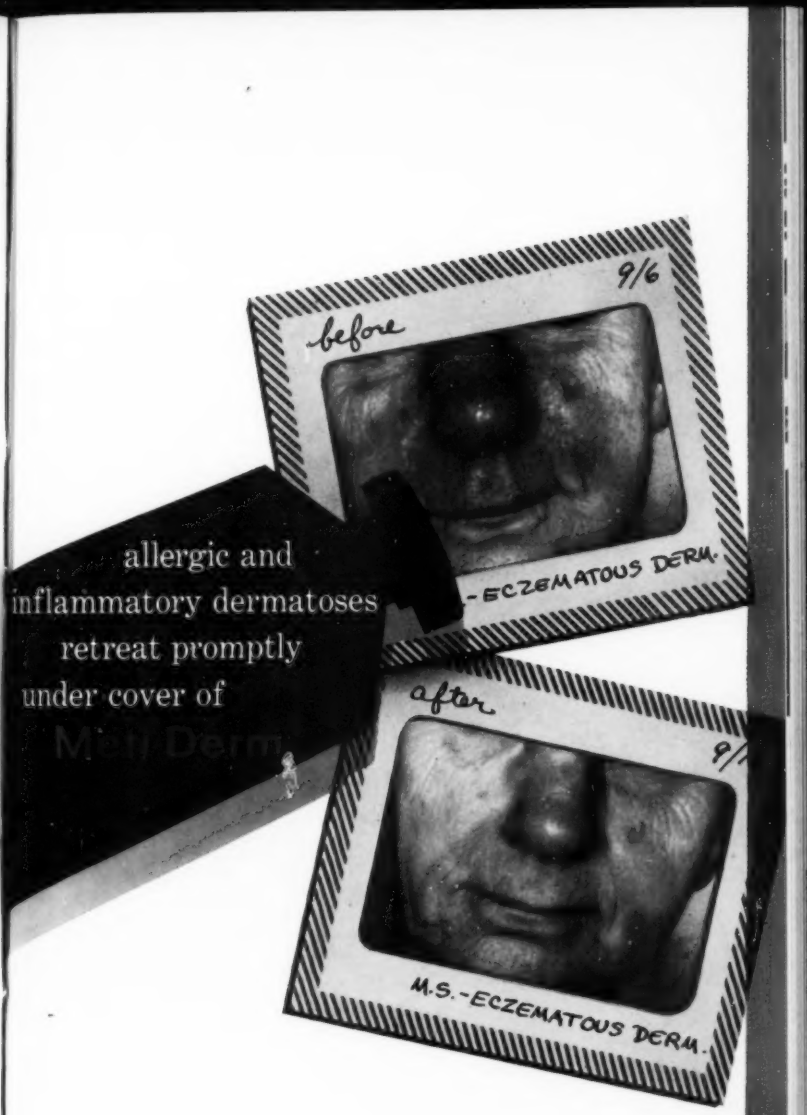
scientious best to pay the Government all they owe," the magazine concludes. Yet "many of them still get into trouble." During the next few weeks, it warns, "the mailman will continue to bring form notices for many a taxpayer to gather up his records and take time away from work to appear before a revenue agent."

Police Medicine in the Hospitals, He Says

Regulation of medical standards is one of the main functions of a hospital, and you may as well accept the fact. So says Dr. Albert W. Snoke, immediate past president of the American Hospital Association.

"The major role that hospitals will play in medical care in the future," he predicts, "will be to provide an organized agency and a corporate mechanism by which doctors can set, maintain, and enforce standards." This role is being forced on the hospitals, he explains, because the nation's physicians seem unable to police themselves. To illustrate:

"A licensed physician is legally entitled to do surgery of the most complicated nature. If he is incompetent, bungling, or careless, his colleagues in the medical society can regard him with disapproval, advise or request him to change his tactics—but they have no real power to limit him. However, the same colleagues, when upheld by



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the designated authority from the hospital governing board, can refuse all surgical privileges to this individual, can restrict and control him."

No Local Tax Reductions Likely This Year

While a Federal tax cut isn't entirely ruled out for 1958, there seems almost no chance of a reduction in state and municipal taxes. The recession has local governments in a financial squeeze, with revenues disappointing and costs (especially for welfare) going up.

Actually, there's no end in sight for skyrocketing state and municipal spending. Indicative of the trend: In the ten years following 1946, such expenditures rose 201 per cent, according to the Tax Foundation. In the same period, Federal costs went up only 19 per cent.

Some significant figures from total budgets of the states, as compiled by the Tax Foundation:

¶ Education costs were $1.5 billion in 1946; they swelled to $5.7 billion in 1956.

¶ Public welfare accounted for $1.1 billion in 1946, for $2.7 billion in 1956.

¶ Highways lapped up $1 billion in 1946; they devoured $5.4 billion in 1956.

MORE▶

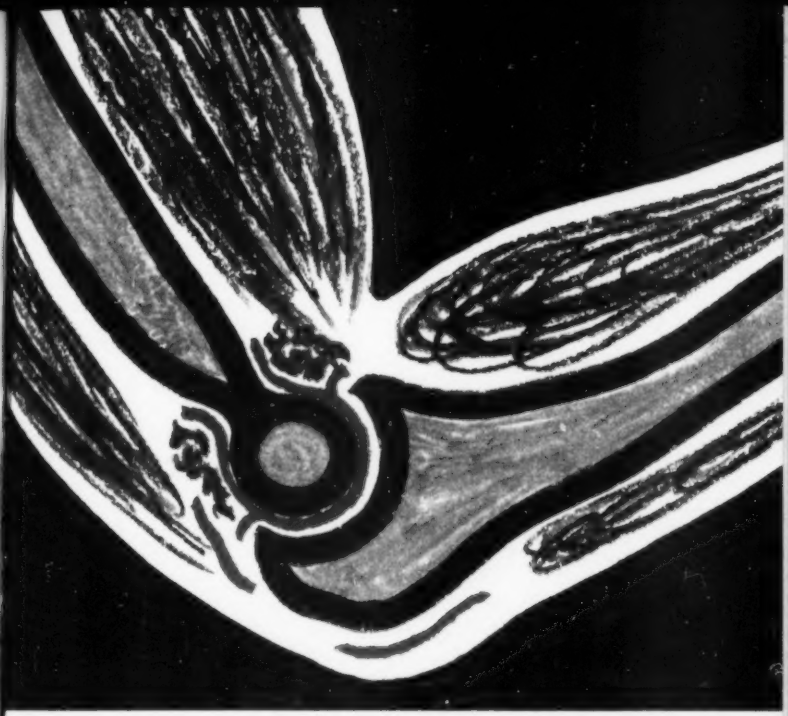
At least ten states and a number of municipalities are trying hard to cut spending this year. For instance, Washington State's Governor Albert D. Rosellini has ordered spending kept 15 per cent under the amount authorized by the Legislature. Connecticut and Montana are apparently aiming for a 10 per cent cut.

But decreasing revenues force taxes to remain high everywhere. In six states—Colorado, Delaware, Maryland, New Hampshire, New York, and West Virginia—taxes have already been increased, reports the Tax Foundation. In several others, an early boost seems in the cards. And Georgia and Pennsylvania have announced that they hope to fatten revenues by cracking down harder on delinquent taxpayers.

Doctor Bills Wife for Neglecting Chores

What's the latest wrinkle in fee schedules? A Fort Worth, Tex., physician tried out a somewhat unusual one recently: He decided to bill his wife from $2 to $50 for each instance of what he considered unsatisfactory home treatment.

The schedule of charges set up by Dr. Forest C. Barber covered household chores he expected his



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The broad-spectrum efficacy of BUTAZOLIDIN has been established by over 1,000 published reports and 150 million patient-days in: gouty arthritis; acute superficial thrombophlebitis; bursitis; rheumatoid arthritis; thrombosed hemorrhoids; rheumatoid spondylitis; osteoarthritis; psoriatic arthritis; peritendinitis.

BUTAZOLIDIN (phenylbutazone GEIGY): Red coated tablets of 100 mg. BUTAZOLIDIN® Alka: Capsules containing Butazolidin (phenylbutazone GEIGY) 100 mg.; aluminum hydroxide 100 mg.; magnesium trisilicate 150 mg.; homatropine methylbromide 1.25 mg.

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Pharmacologically distinct from the amphetamines, PRELUDIN induces little or no C.N.S. stimulation[1,2] while providing selective and effective appetite suppression.

- *produces weight loss two to five times greater than that achieved by dieting alone*[1,3]
- *causes no serious side effects, allergic or toxic reactions*[1,4,5]
- *a "...valuable adjunct to the dietary management of obesity."*[5]

GEIGY
ARDSLEY, N. Y.

(1) Gelvin, E. P.; McGavack, T. H., and Kenigsberg, S.: Am. J. Digest. Dis. *1*:155, 1956. (2) Holt, J. O. S., Jr.: Dallas M. J. *42*:497, 1956. (3) Reasler, C.: J.A.M.A. *165*:135 (Sept. 14) 1957. (4) Council on Pharmacy and Chemistry, New and Nonofficial Remedies: J.A.M.A. *163*:356 (Feb. 2) 1957. (5) Feldman, R.; Alberton, E. C., and Craig, L.: California Med. *87*:408, 1957.

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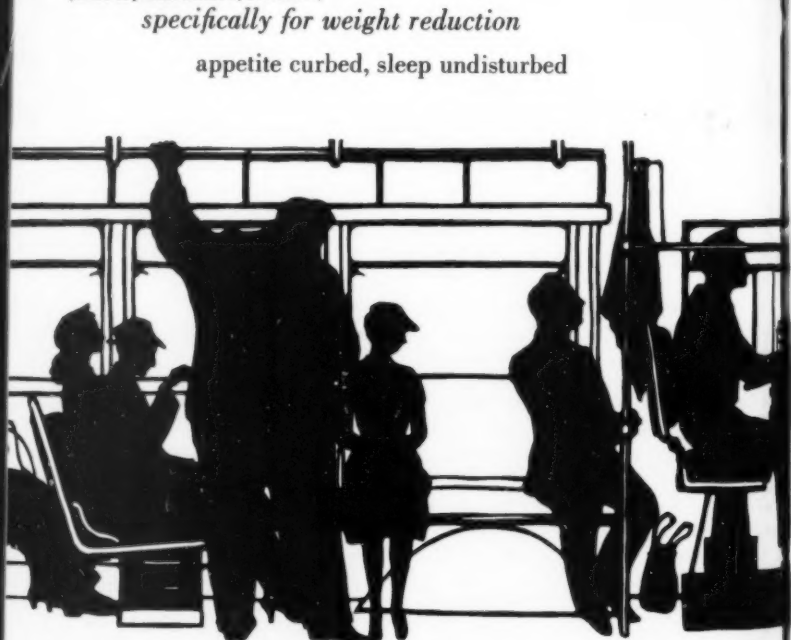


wife to perform. Failure to do them, he informed her in writing, would bring the following fines against her $609 monthly allowance:

¶ Failure to have his morning coffee ready when he finished shaving—$2.

¶ Failure to cook supper—$5.

¶ Failure to cook it well—$2.

¶ Complaining about any of the above—$5 per complaint.

¶ "Tirades"—$50.

This fee schedule was filed with court records at Fort Worth recently. After a hearing, the judge ordered Dr. Barber to pay his wife $400 per month, fine-exempt. That's for support pending trial this month of her suit for divorce.

Doctors Take Steps to Hinder Encroachment

Has it occurred to you that the U.S. Post Office and Agriculture Departments may be encroaching on your prerogatives as a physician?

Probably not. Yet these two Federal departments appear on a long list of offenders named by the doctors in one area.

In a survey conducted by the Medical Society of the State of North Carolina, encroachment was defined as "intervention by a third party between doctor and patient which goes beyond proper limits, [intruding] upon the doctor-patient relationship." The state's doctors were asked: "Does it appear that in your area there are instances of encroachment by third parties on the free and unfettered private practice of medicine?"

"Yes" answers poured in. The resultant survey report names a number of agencies that the North Carolinians feel are particularly likely to encroach.

What are they? Well, not surprisingly, the Federal Government heads the list:

The doctors complained that the Veterans Administration is a prime culprit because it needlessly provides free hospital beds for patients. They accused Medicare of depriving patients of free choice of doctor and of limiting the scope of treatment. They pointed out that the Armed Forces encroach by treating patients who are properly the private physician's.

And, says the report: "The Social Security Administration, the Post Office, the Civil Service Commission, and the Department of Agriculture were also mentioned by individual physicians."

But Federal agencies aren't the only intruders that worry the surveyed doctors. Among the others they mentioned:

¶ State government—in particular, the state health department. Its health centers "are negligent in ascertaining whether those whom they serve are deserving of care at

public expense," explains the report.

¶ Blue Cross and Blue Shield. Their fee schedules are sometimes "so much below the customary reasonable charges . . . as to appear contemptuous." And the plans often "influence patients . . . to seek hospitalization for conditions and procedures which can be done equally well or better in the physician's office."

¶ Voluntary health agencies. Why? Because they tend to "encourage the public to visit their . . . clinics for help instead of urging them to visit their personal physicians."

¶ Drug manufacturers (on the ground that their advertising encourages self-medication); insurance companies (some of which allegedly try to influence policyholders' choice of physician); hospitals; labor unions; opticians; nurses.

Stirred by the unexpectedly extensive list of encroachers, North Carolina's medical men have now decided to do something about it. Their society has set up a three-man committee to seek out and investigate instances of third-party encroachment. The committee will attempt to negotiate "satisfactory agreements" with such third parties. But if negotiations fail, it may recommend that the state's doctors cut off dealings with any offender.

All committee agreements and recommendations will be voted on by the society's house of delegates. And the delegates' decision will be binding on society members. Failure of a doctor to comply "shall constitute a violation of the society's principles of ethics," the society ruled last month.

No Erasers for Doctors?

Never use a pencil with an eraser. Then, says Los Angeles malpractice attorney Harold Hunter, you won't be tempted to make erasures on your medical records. And you'll thereby avoid possible court questions later about what you've changed and why. Advises Hunter: If there's an error on a record, "scratch it out with a pen and write the word or words that you want above. Otherwise in a courtroom it will appear that you are trying to conceal something."

Union Members Are Told How to Sue M.D.s

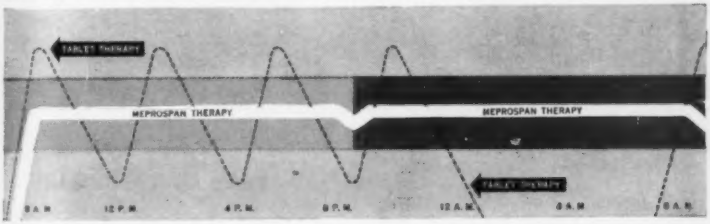
Speaking of medical malpractice, the legal advice column in the journal of the International Association of Machinists recently told that union's 950,000 members:

"We hope problems of this kind will never visit most of you. But in case they do, you owe it to your family to fully explore all your considerable legal rights."

The column went on to explain

New... meprobamate prolonged release capsules

Evenly sustain relaxation of mind and muscle 'round the clock



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some of those legal rights. "No hospital or doctor can be held strictly accountable for [every] failure of a patient to respond," it pointed out. "But if they do not maintain a standard of care that is common in the community, they may be held liable for negligence." Furthermore, the column added, "with new drugs, new medicines, new cures," doctors and hospitals can be held to higher standards today than in the past.

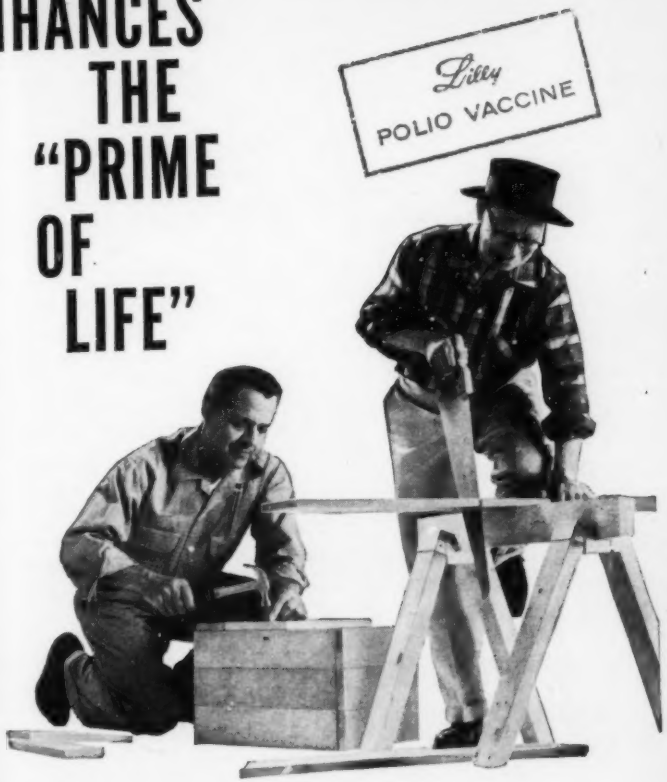
The column warned, however, that suing successfully takes "a great deal of skill and care. Any of you with possible [claims] should consult an experienced personal injury lawyer, who will know how to find a doctor who can testify in your behalf . . ."

'Never Marry a Doctor,' Warns a Girl Who Did

One of medicine's darker secrets is now out in the open. Millions of American women who buy Woman's Day magazine at their supermarkets have been treated to a wry glimpse of what it's really like to have a doctor for a husband. "Never marry a doctor," a recent article by one doctor's wife starts out. Then Author Ann Chidester goes on to tell why not:

"Anything you've read about the doctor's wife is a fantasy or even an outright lie. Novels cannot truly prepare you for the horrid reality. That romantic hero, that Arrowsmith with his clean-cut pro-

ENHANCES THE "PRIME OF LIFE"



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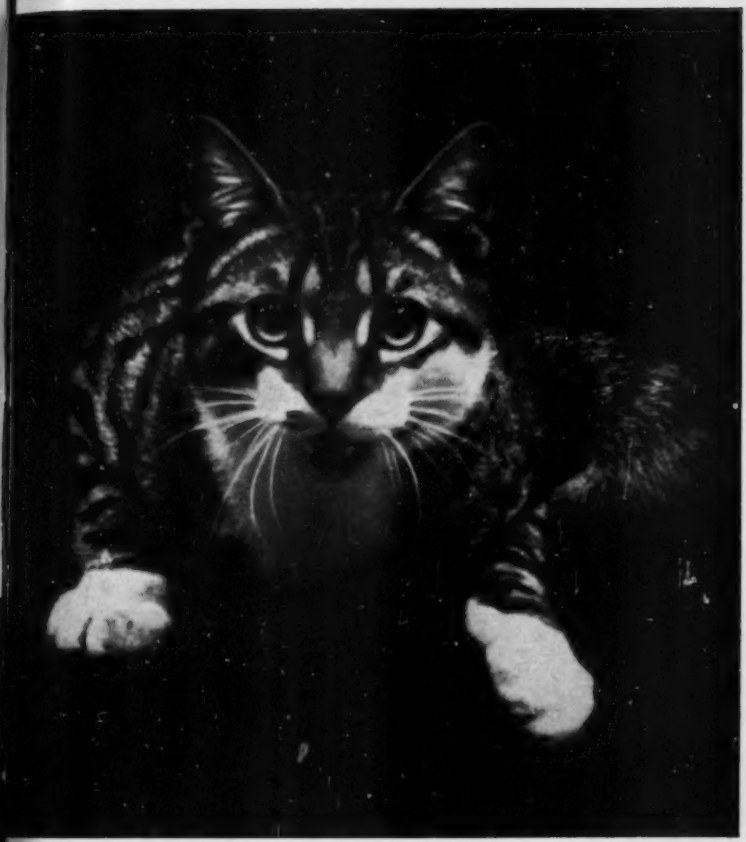
file, his white jacket, and stethoscope like a necklace about his virile neck, will never appear in your household."

He exists, all right, Mrs. Chidester concedes. But he belongs not to his wife but to other women. "*They* will hear the comforting tone, and benefit from the years of training, and feel the knowing finger on their telltale pulse." As for his wife, she'll get what's left over: "the tired man who does not move far from the telephone and has developed 'doctor's walk,' as though he is walking knee-deep in river water and only God can move him to take one more step . . .

"His mistress is the telephone. His wife is some devoted nurse. His love is medicine. What you get is an occasional glimpse of his back going out a door."

On the rare occasions when the doctor's wife does get to share his company, says Mrs. Chidester, she's still excluded from his life. "Nobody tells you there is a secret society known as medicine. You are required to live around this mystical circle . . . It will never, never include you." When a colleague and his wife come to dinner, for instance, "you are doomed to have Fallopian tubes, fibroids, hysterectomies, prolapses, etc., through the entire meal."

It's not even true that the phy-



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Investigator
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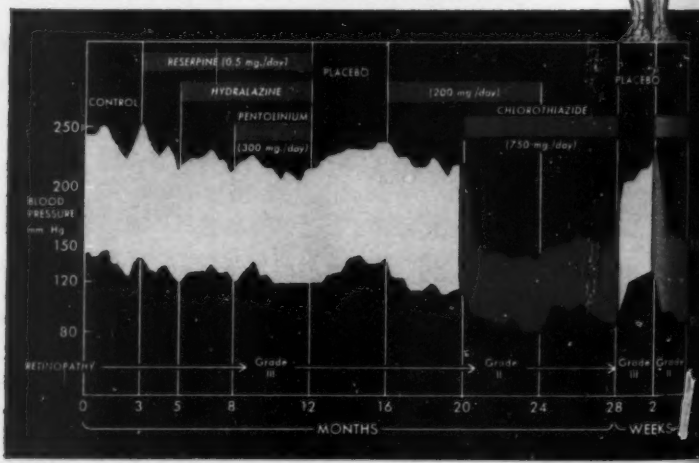
Wilkins, R. W.: New England J. Med. **257**:1026, Nov. 21, 1957.

"Chlorothiazide added to other antihypertensive drugs reduced the blood pressure in 19 of 23 hypertensive patients." "All of 11 hypertension subjects in whom splanchnicectomy had been performed had a striking blood pressure response to oral administration of chlorothiazide." " . . it is not hypotensive in normotensive patients with congestive heart failure, in whom it is markedly diuretic; it is hypotensive in both compensated and decompensated hypertensive patients (in the former without congestive heart failure, it is not markedly diuretic, whereas in the latter in congestive heart failure, it is markedly diuretic). . . "

Freis, E. D., Wanko, A., Wilson, I. H. and Parrish, A. E.: J.A.M.A. **166**:137, Jan. 11, 1958.

"Chlorothiazide (maintenance dose, 0.5 Gm. twice daily) added to the regimen of 73 ambulatory hypertensive patients who were receiving other antihypertensive drugs as well caused an additional reduction [16%] of blood pressure." "The advantages of chlorothiazide were (1) significant antihypertensive effect in a high percentage of patients, particularly when combined with other agents, (2) absence of significant side effects or toxicity in the dosages used, (3) absence of tolerance (at least thus far), and (4) effectiveness with simple 'rule of thumb' oral dosage schedules."



In "Chlorothiazide: A New Type of Drug for the Treatment of Arterial Hypertension,"
Hollander, W. and Wilkins, R. W.: Boston Med. Quart. **8**: 1, September, 1957.

MERCK SHARP & DOHME Division of MERCK & CO., INC., Philadelphia 1, Pa.

the effectiveness of 'DIURIL' (CHLOROTHIAZIDE) in Hypertension

as simple as 1-2-3

1. **INITIATE THERAPY WITH 'DIURIL'.** 'DIURIL' is given in a dosage range of from 250 mg. twice a day to 500 mg. three times a day.
2. **ADJUST DOSAGE OF OTHER AGENTS.** The dosage of other antihypertensive medication (reserpine, veratrum, hydralazine, etc.) is adjusted as indicated by patient response. If the patient is established on a ganglionic blocking agent (e.g., 'INVERSINE') this should be continued, but the total daily dose should be immediately reduced by as much as 25 to 50 per cent. This will reduce the serious side effects often observed with ganglionic blockade.
3. **ADJUST DOSAGE OF ALL MEDICATION.** The patient must be frequently observed and careful adjustment of all agents should be made to determine optimal maintenance dosage.

SUPPLIED: 250 mg. and 500 mg. scored tablets 'DIURIL' (chlorothiazide); bottles of 100 and 1,000.

'DIURIL' is a trade-mark of Merck & Co., Inc.

Smooth, more trouble-free management of hypertension with 'DIURIL'

sician's wife does well in a material sense, the article points out: "You *might* manage a mink stole by the time you are forty, but a full-length coat is probably out. Anyhow, he will never see you in it—or in any of your favorite clothes. He sees you asleep, or running around in the midnight hours in your old bathrobe trying to warm up a mouthful of food for him before the phone rings again."

Mrs. Chidester recognizes that some of her readers will go right ahead and marry doctors despite her warning. "You will argue that there are compensations," she observes. And she agrees that there probably are: "What these may be, I cannot recall right now, but I will remember as soon as I hear the poor man's step at the door. Maybe today. If not today, then surely tomorrow. Every man comes home *sometime*—I think."

More Doctors Are Flying Their Own Airplanes

An estimated 1,250 U.S. and Canadian doctors now hold pilots' licenses. Many of them own their planes and use them in their practices as nonchalantly as their grandfathers used buggies. The typical flying practitioner belongs to the Flying Physicians Association; and F.P.A. members reportedly believe their nonflying colleagues are way behind the times.

Here are thumbnail sketches of some air-borne doctors:

¶ Dr. Milo Fritz, an ENT man of Anchorage, Alaska, travels up to 500 miles a day. He often uses his plane to carry patients to and from remote fishing villages.

¶ Dr. William Requarth of Decatur, Ill., teaches surgery every Wednesday at the University of Illinois College of Medicine. The college is in Chicago, some 150 miles away. He commutes to his classes by plane.

¶ Dr. Herman Heise, a Milwaukee allergist, uses his plane for research. He and his wife frequently go aloft over Milwaukee for the purpose of analyzing the atmospheric pollen.

¶ Dr. Samuel D. Sullenberger, a Tennessee surgeon and current president of the F.P.A., says: "I don't know what I'd ever do without my plane." The regional blood bank in Asheville, N. C., used to be six hours away by car, he reports. These days, he gets there in less than 45 minutes.

Foreigners Still Like Us

Going abroad this summer? Anti-American feeling evidently doesn't apply to free-spending tourists. Elmo C. Wilson, director of The New York Herald Tribune World Poll, reports that U.S. citizens are still the most desirable visitors by the residents of most foreign countries. In a survey of a number of tourist-favored nations, he found that only Austria seems to prefer another nation's tourists to ours: The Austri-

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ans indicated they liked Germans best. We headed the welcome-mat list in Belgium, Brazil, Britain, France, Germany, Italy, Japan, Mexico, the Netherlands, Norway, and Sweden.

These Patients Like to Help Students Learn

Private patients are often unwilling to be used as teaching material in hospitals because they consider it beneath their dignity. But they're surprisingly eager to cooperate if they're made to realize they'll be treated with special consideration for their comfort, says Dr. Irwin M. Hilliard, professor of medicine at the University of Saskatchewan.

Since 1954, his university's hospital has used only private patients in its teaching program—and with such success, says Dr. Hilliard, that patients "feel it an honor rather than an indignity to participate."

In preparing for the teaching session, he explains, no "little courtesies" to the patient are neglected: "Patients are never whisked away to a lecture without consultation. Their meals are arranged ahead of time or kept warm until after the lecture . . . Private waiting rooms [are provided] with a pleasant nurse in attendance." And the staff tries to see that "the patient arrives just at the right time and is not kept waiting."

Furthermore, the patient's comfort is kept in mind during the teaching session itself. "When a pa-

Mrs. H. T., a 30-year-old housewife, bore her first child at 26 years of age. After the delivery—and now for full four years—she has been unable to shed the excess pounds gained during pregnancy. Complete amenorrhea persisted for a year after birth, followed by only gradual return to more normal menses. Despite a seemingly healthy appearance, Mrs. H. T. suffers from exhaustion. Her memory is poor; she is not alert. Since the baby's birth, she has not regained her complete strength. "I feel cold all the time," she complains. "My skin and hair are dry."

PBI is 2.0 mcg.%; BMR -33; cholesterol 385 mg.%; EKG of reduced amplitude.

Based on history and findings, a diagnosis of hypothyroidism is made and thyroid substitution (3 gr. Proloid daily) prescribed. Within 4 months, her PBI rose to 5.4 mcg.%; cholesterol fell to 242; EKG returned to normal. In view of the favorable results, therapy is continued indefinitely.

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tient is being interviewed in a conference or a small discussion group, the attending physician is always present . . . Students first practice techniques on one another so that they are not completely unfamiliar with the method when they start examining a patient." And usually the patient "sees only one student instead of several in rotation."

Such simple precautions have taught his hospital's patients to enjoy their experiences as clinical material, says Dr. Hilliard. As a result, they cooperate almost too well —to a point where, on final examinations, the patient may do "everything he can to help the student—even to giving him the diagnosis!"

One More M.D. Declares War on Free Forms

Remember Dr. Lewis L. Rogers' one-man campaign to make insurance companies pay when he fills out disability claim forms for their policyholders?* Another physician now reports his part in the fray: Dr. D. F. Buehner of Evansville, Ind., recently attached a bill for $4 to a disability report he mailed to one insurance company.

Back came both bill and form, with a protesting letter. So Dr. Buehner returned the form, substituting a wry "Be my guest" for the bill. In an accompanying letter, he commented:

"Since [the patient] knows what

*See "Fed Up Filling Out Forms for Free!" MEDICAL ECONOMICS, Dec., 1957.

his ailment is, and since I know too, it seems that you are the only party involved who could possibly benefit from the work I have done . . . I sincerely hope that your impoverished stockholders will be happy that you not only can force a third party to work free . . . but can even make this innocent bystander pay the postage."

Dr. Buehner didn't dispute the company's contention that the patient must furnish proof of disability. But he asked: "[Must] this proof be accomplished by the completion of a laborious form?" And he proposed that the company have its own clerks fill in the forms, since "a simple phone call to the doctor could establish the extent of the disability and its cause."

Naturally, it's possible to ask the patient rather than the company to pay. But, the doctor's letter asked, what if the patient can't afford the extra expense?

Dr. Beuhner pointed out that the patient in the case in question was receiving free treatment as "a charity case." And he added that a similar situation must hold for many other policyholders, since "this form presumably concerns people who have been disabled a year or longer." The doctor's conclusion:

"The handy little phrase 'The insured is responsible for the completion of this form without ex-

pense to the company' really means: [The company has] a business agreement with Mr. X, and you [the doctor] have entered a different relationship with Mr. X. Therefore, you are obliged to do free work for us. What the hell do we care if you miss your supper again as a result?"

What's Dr. Buehner going to do about it apart from protesting? For one thing, he plans a waiting-room display that will make his patients aware of the problem (Exhibit A will be a copy of the "obnoxious" form he wanted $4 for completing.) And he intends to urge patients who buy insurance to insist on getting samples of any forms that might be required, so that the doctor can give estimates on the cost of filling them out. If a number of physicians followed his lead, he believes, competing companies would be forced to develop simpler forms.

Meanwhile, what's happening on Dr. Lewis L. Rogers' front? He reports that though there are still many battles to be won, he has had some encouraging victories. One measure of his success: He finds he now spends less time filling out forms *and* waging his war than he used to spend on the forms alone.

What's more, one insurance company vice president has told


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Quertine® *(Quercetin, Abbott)* ..... 12.5 mg.

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Betaine Hydrochloride ..... 50 mg.
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ANTI-DEPRESSANT
Desoxyn® Hydrochloride ..... 1 mg.
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HORMONES
Sulestrex® ..... 0.3 mg.
(Piperazine Estrone Sulfate, Abbott)
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ALL CLINICAL CONSIDERATIONS POINT TO ATARAXOID

Dr. Rogers that he's impressed by the doctor's arguments. In particular, the executive agrees that the companies might get better, more impartial reports if they footed the bill for them. And he has promised to make a study of how much premium adjustment would be necessary to absorb such costs.

But Dr. Rogers counts the Army's payment for one report as his greatest—and most mystifying—triumph to date. The doctor's bill for $2 touched off an exchange of correspondence with brass at various levels. Finally, Dr. Rogers was told that under regulations the smallest amount payable for medical purposes was $10. And that's what he got.

Worst Disturber of the Doctor's Sleep

Ever wondered why emergency calls for auto accidents always seem to come in the wee hours of the morning? There's a simple answer: That's when the worst accidents actually happen.

Statistics show that some 212,100 Americans were injured last year in traffic accidents that happened between 1 A.M. and 6 A.M. While more than twice as many traffic injuries were suffered during the 4 to 6 P.M. rush hours, the early-morning mishaps resulted in a much greater proportion of deaths: one fatality in every six injuries, as against one in nine for the late-afternoon period. END

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"Shortage of an essential amino acid in the *food* means a shortage of protein in the body."[1] Protein loss is greatly increased during injury, surgery, disease or illness — and the deficiency will progress steadily unless a proper diet is achieved. But appetites seem to lag when they are most necessary, because patients are suffering from pain, anorexia or poor gastrointestinal function. At best they will eat *only* soft cereal products.

Many investigators have shown that "lysine deficiency is the salient lack in the cereal grains."[2] The biologic value of cereal protein can be improved to almost double its tissue building value by the addition of adequate quantities of *lysine* to the accepted diet.

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Thiamine Mononitrate	10 mg.
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*equivalent to 600 mg. L-lysine

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References: 1. Flodin, N. W.: Am. Miller & Processor *81*:30 (July) 1953. 2. Block, R. J., in Advances in Protein Chemistry, Anson, M. L., and Edsall, J. T., eds., New York, Academic Press, Inc., 1945, vol. 2, p. 119.

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Hypertension controlled for four years with **Serpasil**

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K. C., a 67-year-old retired shirt manufacturer, had a 16-year history of hypertension, was troubled by recurrent dizzy spells and headaches. "I'd get several attacks a day. . . . Usually I'd go into the bedroom and lie down." Serpasil therapy was started four years ago, effecting a gradual reduction of the patient's initial blood pressure of 220/120 mm. to the present 140/80. Now well and asymptomatic, ". . . I'm able to go to matinees and see some of the TV shows."

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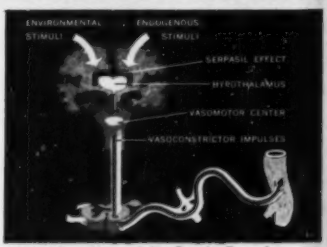
Hypertension controlled through
SYMPATHETIC REGULATION

Serpasil shields the psychic and somatic reaction centers from emotional and environmental stress stimuli, thereby inhibiting the discharge of vasoconstrictive impulses through the sympathetic nerves.



Adapted from Moyer, J. H., Dennis, E., and Ford, R.: Arch. Int. Med. 96:530 (Oct.) 1955.

CIBA SUMMIT, N. J. 2/2538MK

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LONG ENOUGH

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(2-hydroxy 2-phenylethyl carbamate)

an entirely new chemical structure
unlike any other muscle relaxant
currently available

skeletal muscle relaxants have been

INCONSISTENT IN EFFECTS

OR EFFECTIVE BUT TOO FLEETING IN ACTION

OR "LONGER ACTING" BUT INADEQUATE

AND ADVERSE SIDE EFFECTS

OCCUR WITH ALL TYPES

NOW *an entirely new chemical structure*

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Sinaxar

consistently effective
rapid onset of action
long acting; no fleeting effects
well tolerated by the G. I. tract
won't cause drowsiness and dizziness
produces no adverse psychic effects even on prolonged administration
effective in low dosage

questions that immediately come to mind on this new skeletal muscle relaxant

Why another skeletal muscle relaxant?

There are already many muscle relaxants available . . . those that are inconsistent in effect (like the newer muscle relaxants); those that are effective, but too fleeting in action (like mephenesin); and, adverse side reactions occur with all types.

Sinaxar fills a specific need for a new, dependable muscle relaxant that is *consistently effective* . . . acts long enough to do some good . . . is well tolerated . . . causes no adverse physical or psychologic effects. Thus, Sinaxar represents important progress in the treatment of various conditions involving skeletal muscle spasm.

How dependable and effective is Sinaxar?

In preliminary studies of patients with various muscle aches, pains and stiffness . . . good to excellent results were *consistently* obtained in a majority of individuals. And these results were achieved on the low dosage of one to two 200 mg. tablets three times a day.

How long does it act?

Sinaxar doesn't just act a little longer than mephenesin, which works only for an hour or two. Sinaxar exerts its effects for as long as 6 hours after a single dose. Thus with a q.i.d. schedule, administration *does not produce intermittent action* but continuous effects throughout the entire day or night.

What about side actions and toxicity?

For the first time it is possible to give truly effective doses of a skeletal muscle relaxant without producing adverse side reactions.

With Sinaxar, gastrointestinal disturbances are minimized. It has not caused drowsiness or dizziness, nor has it produced depression or excitation. No untoward effects have been noted in liver, bone marrow or kidney function tests. There are no known contraindications.

new Sinaxar

A "PURE" MUSCLE RELAXANT

ACTS ONLY ON POLYSYNAPTIC PATHWAYS
LEAVES CORTICAL FUNCTIONS INTACT

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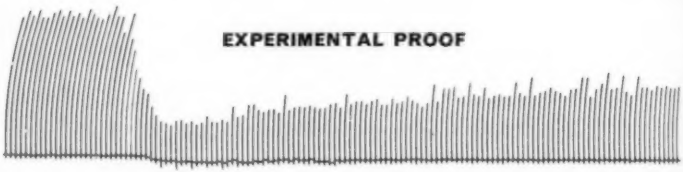
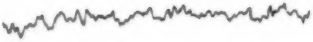
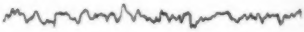


Action on polysynaptic pathways demonstrated by diminished flexor reflexes.

Electroencephalograms

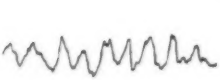


before drug administration . . .
normal wakefulness



cortical functions unimpaired
after Sinaxar administration

For Comparison



normal sleep

pentobarbital induced
cortical changes

INDICATIONS: Any condition involving skeletal muscle spasm, as low back ache, muscle strains and pains, stiff neck, muscular rheumatism, frozen shoulder, arthritis, bursitis.

DOSAGE: One or two tablets three times daily.

SUPPLIED: 200 mg. tablets, in bottles of 50.

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Medical Economics

INDEPENDENT NATIONAL BUSINESS MAGAZINE FOR PHYSICIANS, JUNE 23, 1958

These doctors doubled their net incomes after an expert taught them the art of . . .

By Clifford F. Taylor

The Harvey Clinic was having money troubles a couple of years ago. The three pediatrician-partners who ran it were seeing a daily average of seventy patients. And they were building up a highly satisfying referral practice. Yet their incomes weren't keeping pace with the work they were doing.

"We knew the business side of our practice was in bad shape," recalls Dr. Paul Harvey, the senior partner. "But we didn't know how to go about correcting it. Each of

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THIS ARTICLE *is a sequel to "How Three Specialists Built a Referred Practice,"* MEDICAL ECONOMICS, *May 12, 1958. In view of the frankness with which financial matters are discussed, the doctors' names and other identifying details have been disguised.*

the three of us handled his own billing, collection, and bookkeeping problems. There wasn't much coordination, and we'd never really tried to analyze the economic side of our practice as a whole. All we knew was that we were working our heads off—and none of us was netting more than $12,000 a year."

In the fall of 1956, Dr. Harvey and his partners, Drs. John Andrews and Frank Pearlman, decided to do something about the matter. By then their financial affairs were in such a state that they felt only an expert could untangle them. And they found the expert they needed in Morris MacKenzie, who ran his own accounting business in town.

At the doctors' request, MacKenzie reorganized the business set-up of the Harvey Clinic. He did it so well that each of the partners just about doubled his income last year.

"What he helped us discover," says Dr. Harvey, "is that you can't collect the money you've earned unless you keep an exact account of where it comes from *and* where it isn't coming from."

Did the Harvey Clinic doctors really have to call in a C.P.A. to set them straight? Probably not. They now admit that the changes recommended by Morris MacKenzie were so simple and basic that the partners should have been able to do the job on their own. That's why their story is well worth telling: Doctors who want to profit from it won't necessarily need outside help to clean up the financial mess in their own offices.

Here are the things Morris MacKenzie found wrong with the partners' business system—or, rather, lack of system:

There was no standard schedule of fees and discounts. As a result, the three doctors were charging varying fees for identical services. This not only irritated the parents of their child patients; it also prevented any possibility of a breakdown of income by services rendered.

Quite apart from the lack of coordination among the partners, each of them failed to standardize fees within his own practice. Take the matter of courtesy discounts. They were granted by all three men frequently, capriciously, unsystematically. Result: The books contained a hodgepodge of reduced charges and part-payments.

There was no method of ac-

counting for charity patients. As in many industrial communities, the doctors have to treat a great many children whose parents can afford to pay little or nothing for services rendered. Each doctor used to make his own decisions on such cases. The medically indigent family was billed only for what the physician thought it could pay. Many times, of course, it simply wasn't billed. So the partners knew neither their gross income before charity nor the amount of charity they were giving in terms of dollars.

There was no itemizing of bills. Not knowing exactly what he was being charged for, many a parent reacted by shrugging off the debt. And the partners had no way of breaking down their incomes to see what they were earning (or not earning) from specific kinds of services.

Poor Collection System

There was no good system for keeping track of delinquent accounts. The slow-pay parent who owed, say, $100 would be sent a series of collection letters. But if he came in after the third or fourth letter and paid $2 on account, the collection cycle went back to letter No. 1. The partnership was spending more on such letters than it was getting in return for them. And the doctors were doing little else to collect long-overdue bills.

There was no one person in charge of the doctors' business affairs. The aides worked for their individual employers, not for the group. Their business chores were subordinated to their medical duties; and no two girls followed the same bookkeeping system. Result: total confusion.

Any one of the above mistakes in running a practice can slow it down. Taken all together, of course, they spell financial folly. Once they'd been brought to the attention of Drs. Harvey, Andrews, and Pearlman, the rest was easy.

The basic disease was lack of system in all the key areas of the economic side of private practice. The cure? System, system, and more system.

That's what Morris MacKenzie told the partners. And they now maintain it's an Rx any physician can write for himself. Here's how they've administered a strong dose of the right medicine to the partnership:

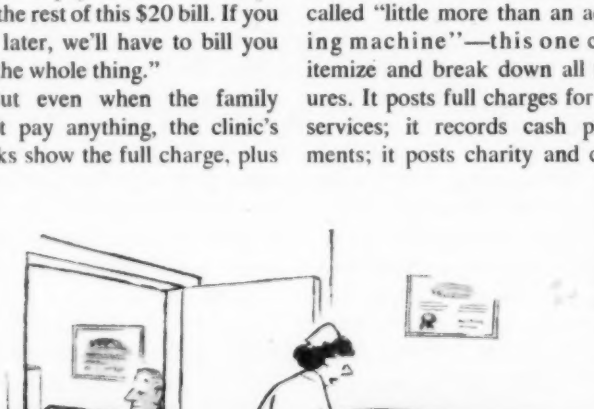
1. They've adopted a standard fee schedule for all services—and

all three doctors stick to it. They also follow a standard courtesy-discount schedule.

2. They've instituted a sound charity system. To begin with, they've agreed that just about everyone can pay *something*. Instead of telling the near-indigent parent to forget the bill, they now tell him something like this: "If you'll pay $5 now, we'll wipe out the rest of this $20 bill. If you pay later, we'll have to bill you for the whole thing."

But even when the family can't pay anything, the clinic's books show the full charge, plus the fact that it's discounted in full. Thus, the doctors now know exactly how much of their services they give away. (Roughly 10 per cent, they've discovered.) And they have a clear picture of their gross income.

3. They've installed a modern, $5,200 bookkeeping machine. Unlike the machine they used to have—which Morris MacKenzie called "little more than an adding machine"—this one can itemize and break down all figures. It posts full charges for all services; it records cash payments; it posts charity and dis-



"He's just here about a stomach upset, Doctor."

count treatments as such; it controls accounts receivable; and it provides a daily balance. In other words, it gives the doctors a complete running record of their daily activities.

4. They've standardized billing and collection procedures. Parents now get regular itemized bills. On-the-spot cash payments are encouraged; and delinquent accounts are monitored with great care.

5. They've hired a competent woman to run the business end of the practice. "We pay her a big salary," says Dr. Harvey. "But she's worth her weight in gold. She's had about ten years' bookkeeping experience, several of them with a large automobile agency. And from the way she took over here, we suspected she'd actually been shop foreman."

She has indeed taken over. Among her duties: She posts the bills, totals up the daily account sheet, banks the partnership's cash, keeps track of charge slips, coordinates the tasks of seven other aides, interviews the parents of new patients, and handles collections. On this last score, consider the result of her efforts in a recent two-month period:

Last March and April, she collected over $1,500 from slow-paying parents as a result of a long series of diplomatic phone calls. During the same two months, two collection agencies were able to collect only $105 from accounts she'd turned over to them.

6. To keep an eye on their business affairs themselves, the doctors hold a formal business meeting once a month. "We used to talk things over casually in the halls or one another's offices," says Dr. Andrews. "But we permitted any kind of interruption to distract us. Not now. Our formal meetings last about an hour, and we really get things accomplished."

After a year and a half of the new system, the three partners wonder how their practice ever survived without it.

"Sure, it costs us money to run right," Dr. Harvey comments. "There's the $5,200 for the bookkeeping machine, and our bookkeeper's salary, and plenty of other things. But I now know you've got to spend money to make money. And I've learned that good money management can mean a better income with no more work." END

THEY SAID HE ABUSED BLUE SHIELD

EDITOR'S NOTE: *In this magazine and elsewhere, doctors are constantly advised to discuss their fees thoroughly with patients. As one authority on patient relations has put it: "The satisfied patient is the one who knows exactly what he gets for his money."*

That's easy advice to give. But medical treatment isn't a simple product like a vacuum cleaner or a can of beans. How can the doctor explain the price of a given service in terms of the value of his training, his responsibility in determining treatment, etc.?

MEDICAL ECONOMICS *prints the following correspondence because it offers a rare example of a thoughtful, measured discussion of such matters. No other physician is likely to be faced with exactly the same situation as the one that confronted Dr. Harry E. Merritt. But Dr. Merritt's response to John Frannistan's complaint clearly illustrates the kind of fee discussion it takes to satisfy patients nowadays.*

The following letters are condensed slightly, and a few names have been changed. Otherwise the letters are printed substantially as written.

Confronted with a fee complaint, this doctor answered it so eloquently that his letter may well serve as a model for enlightened fee discussion

2222 Frammus Boulevard
Autobuilder Town, Mich.
Oct. 11, 1957

Dr. Harry E. Merritt
112½ E. Front St.
Traverse City, Mich.

Dear Dr. Merritt:

My son, Clivus Frannistan, broke his arm while we were vacationing near Traverse City Aug. 13, and you were the attending doctor. Since we were leaving the next day, you said your fee would be $50 (to be paid you by Blue Shield). When we came home, our pediatrician, Dr. Arnold, referred us to an orthopedist to complete the case. The cast was removed Sept. 13, and the arm seems fine.

We received a notice from Blue Shield that they had paid you $75 for the fracture case. May we please have

the $25 refunded to us to help defray our expenses for check-ups and cast removal here? We have also paid $17.50 on X-rays above the Blue Shield allowance.

Yours truly,

John Frannistan

Michigan Medical Service
Blue Cross-Blue Shield Bldg., 441 E. Jefferson
Detroit 26, Mich.

Dec. 26, 1957

Harry E. Merritt, M.D.
112½ E. Front Street
Traverse City, Michigan
RE: Clivus, son of John Frannistan
Group 7000 Ctf. 126-00000001
Dear Dr. Merritt:

We recently received the attached letter from Mr. Frannistan and thought you would like to discuss this matter with him. . .

Sincerely yours,

W. W. Boyles, Manager
Professional Relations

2222 Frammus Boulevard
Autobuilder Town, Mich.
Nov. 13, 1957

Michigan Medical Service
441 East Jefferson
Detroit, Michigan
Attention: Professional Relations
Dear Sir:

You have requested that we make a written report on our complaint of fee collected by Dr. Merritt of Traverse City.

While we were vacationing near Traverse City last Aug. 13, our 4-year-old son Clivus broke his right arm. We took him to the James Decker Munson Hospital for X-rays. The interne on duty took charge very satisfactorily but had the surgeon on call, Dr. Merritt, look at the X-rays. Since no bone was out of place and only one bone in the upper arm, just above the elbow, was broken, Dr. Merritt told us the interne was capable of applying the cast. Then he left, asking us to bring Clivus to his office the next morning. MORE▶

"She's only been with me a week, but I think I'll keep her on steady."

We kept the appointment, and Dr. Merritt merely looked at the cast and sling and filled out a history of Clivus for his file. He asked us if we knew what Blue Shield paid, which we didn't. He looked it up in a book and said, "Fifty dollars." Then he stated that he usually charged $150 for this kind of fracture but would settle for $50 from Blue Shield, since we were planning to leave the next day.

We had the X-rays forwarded to our home-town pediatrician, Dr. Karl Arnold, who studied the case and referred us to an orthopedist, Dr. James Potter. Dr. Potter charged us only $5 for each of two visits for check-up and cast removal, which we paid ourselves, besides $17.50 for X-rays beyond the Blue Shield allowance.

The fracture healed very nicely with no complications. And at no time was the bone out of place. When I got a routine notice from Blue Shield on a $75 payment for the fracture, I wrote Dr. Merritt asking for a $25 refund. But he hasn't replied. We have had lots of experience with claims on our Blue Shield insurance. This is the first time it has been abused.

John Frannistan

H. E. Merritt, M.D.
112½ East Front Street
Traverse City, Mich.

Dec. 28, 1957

Mr. John Frannistan
2222 Frammus Blvd.
Autobuilder Town, Mich.

Dear Mr. Frannistan:

Please accept my apology for not having answered your letter before this. The principal reason has been that I

had filed it among several other items that require more time and thought than are needed for the usual welter of routine correspondence . . .

Your letter to Michigan Medical Service does not, in my opinion, reflect the facts in a fair manner:

1. You say you took Clivus to Munson Hospital for X-rays. Actually, you took your injured son to the hospital's emergency service in order that a qualified, expensively trained, and licensed doctor of medicine might treat your son in a capable, responsible manner. As you know, I left patients in my office, to come promptly to the hospital when I was called. You will recall, in fairness, that I *did* come when called and that I willingly and cheerfully took the responsibility of treating the case under discussion.

2. You say the interne on duty "took charge very satisfactorily but had the surgeon on call, Dr. Merritt, look at the X-rays." Actually, every professional act performed by an interne on or for a staff doctor's patients is done only under the direction of the staff doctor, and never on the interne's own responsibility. The interne is not legally licensed to practice medicine; he acts only as a licensed physician's agent . . .

In the interest of expeditious, practical, workmanlike patient-care, and out of professional respect for my time as a practicing staff doctor, the interne ordered Clivus' X-ray studies *for me*, then called to me to come to the hospital. Similarly, he did not "have Dr. Merritt look at the X-rays." As a member of the surgical division of the hospital staff, I have never posed as an expert in the interpretation of X-ray films. I had them studied by one of the hospital's full-time specialists in X-ray. And, as always, I was careful to go over the films *with* that spe-

cialist and was guided, in part, in my handling of the case by his expert opinion of the findings.

3. You say "no bone was out of place and only one bone, in the upper arm, just above the elbow, was broken." Since there exists only one bone, the humerus, between the elbow and shoulder, you could just as fairly have said that *all* or *every* or *the entire* bone in the upper arm was broken. Actually, the first X-ray films revealed that the humerus was broken completely through, to the extent that the lowermost fragment of the broken bone was angulated backward. Moreover, check-up X-ray films after the cast application revealed adequate correction of the backward angulation of the lower fragment (that is, the bone had been "set" properly).

4. You say "since no bone was out of place . . . Dr. Merritt told us the interne was capable of applying the cast. Then he left . . ." Actually, I discussed the fracture situation carefully and at length with you, in the presence of the interne. Then, with your full knowledge and kindly consent, I had the interne apply the cast *as my agent*. (As it turned out, and as I expected, the interne did an excellent job. I knew him well professionally, and I knew I could depend upon him.)

Moreover, I knew that fractures of the type treated are best handled not by anesthetizing the patient and doing a lot of dramatic manipulation before applying the cast, but by flexing the patient's elbow to nearly a right angle and then applying the cast, with the patient awake. Here, as in many other situations, one of the most important aspects of treatment lay in my knowing what *not* to do, as well as what *to* do. And I "followed through" in this case, meeting my responsibility to Clivus as fully as it was possible to do.

5. You say that, on the morning of the day after the cast was applied, I merely looked at the cast and sling, then made a record of the case for my file. Actually, I again discussed the case thoroughly with you, and I ordered more X-ray studies. Later that day, after receiving a telephoned report from the X-ray doctor to the effect that the result looked good, I again visited his department at the hospital and looked over the films with the X-ray specialist. I arranged to have the films and reports mailed to your home-town doctor, and I wrote a report of the case for him. (You and Clivus left town two days after we met at the hospital, as you know.)

In other words, I did everything I possibly could to meet my serious responsibility to the patient, both before and after you left Traverse City.

6. You say that I asked you about the Blue Shield fee for this type of case, looked it up in a book, and agreed to settle for $50. Actually, as I recall it, I told you that although the usual local fee for this kind of case is $150, I wouldn't charge that much since I wouldn't be doing the complete follow-up care. I said I felt that a fair fee for my service would be whatever Blue Shield would pay. It's true that I looked it up in a book and told you Blue Shield would pay me $50. I made the mistake because I didn't know at the time that you had the so-called $5,000 policy, which pays higher surgical benefits than the more common so-called $2,500 policy.

My error lay in reading off the wrong figure to you (and to myself) from Blue Shield's own list of fees. Since that error involves figures of payment between the insurance carrier and the surgeon and not at all between the insurance carrier and the policyholder, I think you will agree that discussion about whether I was paid $50 or

$75 should properly be the concern of Blue Shield authorities and myself.

7. You say you had the X-rays forwarded to your home-town pediatrician, Dr. Karl Arnold. Actually, I discussed that phase of your son's case carefully and conscientiously with you, assured you that I would write Dr. Arnold, and promised to see that our X-ray films and reports would be sent him. And I fulfilled my promise, as you know.

8. You say that you feel this is the first time your Blue Shield insurance "has been abused." I fail to see *abuse* in this situation. You have a contract with Blue Shield. You met the terms of that contract by paying premiums to the company; and Blue Shield met the terms of that contract by paying benefits to me. Similarly, I have a contract with Blue Shield as one of its participating physicians. Blue Shield met the terms of its contract with me by paying me the surgical-benefit sum of $75; and I met the terms of my contract with Blue Shield by accepting that sum as full payment for my services and not billing you.

You may wonder how I can consider myself justified in accepting the $75 fee in this case. First, from the moral standpoint, is this principle: If an interne or resident in a hospital performs part or all of a service for an attending staff physician, the pay for the interne or resident lies in the experience he obtains under the responsible guidance of an older doctor. And any cash fee paid to the latter is, in effect, payment for hard, long hours of work he performed in the past to acquire the knowledge, experience, and licensure required to treat the sick (personally and/or through his designated agent). Such fees received by doctors also help return huge sums invested in medical

education, office maintenance, and expensive equipment.

Second, from the legal standpoint, the interne in this case acted entirely as my agent and did what he did only at *my* direction and upon *my* legal responsibility.

Third, from the practical standpoint, it's in the nature of life itself that, throughout the years of a doctor's active practice, he will treat cases for which he never gets paid; and he will treat similar conditions in different patients for the same fixed fee, though one case may be relatively simple and another extremely difficult. In other words, the apparently easily earned fee must be accepted, in the broad sense, as helping to pay the doctor for his deadbeat accounts and for the more complicated cases he must treat.

To summarize the matter, as I see it:

Your son had a broken right arm and was taken to Munson Hospital here in Traverse City by yourself. I was called out of my busy-afternoon office, went promptly to the hospital, and accepted the case. I treated the patient, personally and through my agent, in a competent, prudent, and conscientious manner. I obtained your consent, in an open and honest way, to let the interne act as my agent in applying the cast to Clivus' arm. And in your presence I carefully discussed with the interne the method I wanted used.

The next day, I continued to treat the patient in a conscientious manner and fully met my responsibility to him. I agreed to accept Blue Shield's surgical-benefit payment in this case as my total fee—though I mistakenly assumed it would be only $50 instead of $75. In keeping with my promise to you, and in the best interests of the patient, it was I (not you) who had our X-ray films and reports sent to your home-town doctor; and I wrote a letter about the

case to him. Finally, Blue Shield paid me a contracted-for surgical fee *on your behalf* as a policyholder.

I feel morally, legally, and practically justified in accepting the $75 from Blue Shield because Clivus' case was my professional responsibility, the interne worked under my direction and guidance, and the $75 fee helped me to accept, for the long run, the fact that much of my work is either poorly paid for or never paid for.

If you can assure me that I am in error in recalling our discussion of the fee, if you can honestly affirm that both of us were aware of the $75 Blue Shield listing, and if you can give me your word of honor that I promised to refund $25 to you, I will be happy to send you a check immediately. If you can't meet those three conditions, I will be glad to have this entire matter submitted for arbitration to Blue Shield authorities, to the ethics committee of my county medical society, or to the mediation committee of the Michigan State Medical Society.

Sincerely,
H. E. Merritt, M.D.

2222 Frammus Boulevard
Autobuilder Town, Mich.
Jan. 13, 1958

Dr. H. E. Merritt, M.D.
112½ East Front Street
Traverse City, Michigan
Dear Dr. Merritt:

I received your registered letter written Dec. 28, 1957, on Jan. 7, 1958. I now feel assured that you are technically entitled to the $75. I withdraw my complaint . . .

John Frannistan

END

How to Lose an Aide

It's easy, this aide says. In fact, you may already be following her ten-point program—at least in part—without realizing it

By Martha Smith

I've read with much interest MEDICAL ECONOMICS' recent articles on how doctors find the right aides. But the writer overlooked an important aspect of the subject: the right way to lose a girl once you've found her.

To fill the gap, may I suggest a ten-point program that some of the girls I know consider infallible? Naturally, the doctors I've worked for never do any of the following things:

1. It's 4:15 in the afternoon. There are eight patients in the office. The patient who's in your consultation room is telling you about his fishing trip. (You like to fish, too.) Go right ahead and discuss fishing with him for forty-five minutes. You and your aide can still finish with the other patients by 7 P.M.

2. Your wife wants to work in your office. She used

to be treasurer of her senior class, and she's eager to revise your bookkeeping system. By all means, let her do it—without checking to see whether her advice to your aide conflicts with any of your standing orders.

3. When a woman comes in with a heavy chest cold, you give her medicine and tell her to go home and go to bed. But when your aide has a heavy chest cold, just ignore it. Tell her there's nothing wrong with her that hard work and a few aspirin tablets won't cure.

4. It's a slow afternoon, with only two or three patients in the office. Spend the spare time reading medical journals. Then at 4:45 dictate a five-page letter. Tell your aide she has to get it out before leaving the office.

Save Pennies

5. Take an expensive vacation in Europe. Leave your aide in charge of the office while you're gone. Then when you come back, economize all over the place. Suggest that she's using too many paper clips. See patients until 7:30 every night in order to pay for your trip.

6. Ask your aide for a chart. When she can't find it in the files, don't let her look around your desk. Tell her you know it isn't there. When you find the chart in your desk drawer the next day, sneak it into a pile of charts and say nothing about it.

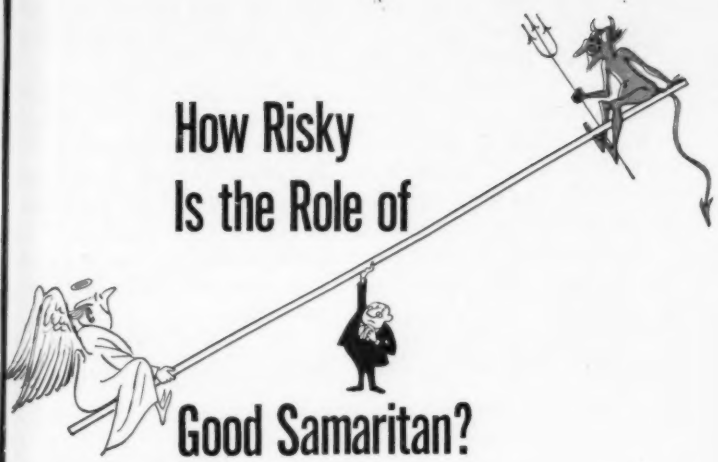
Disregard Time

7. Tell your aide to explain to waiting patients that you've been delayed a bit but that you'll be there in twenty minutes. Then arrive an hour and a half later. Keep your aide working through her lunch hour to make up the time.

8. Assume that your aide has no life outside the office. On the night her husband's boss is coming to dinner, don't lift a finger to help her leave the office on time.

9. Always say something about your aide's mistakes. Never say anything about the things she does well. And don't bother with trite expressions like "Good morning" and "Good night" and "Thank you."

10. When your aide gives notice, tell her you don't think she appreciates all you've done for her. As a partial repayment, she'll be sure to tell candidates for the job about how much you'll do for *them*. END



How Risky Is the Role of Good Samaritan?

Many a doctor has been sued by a stranger he went out of his way to help. It could happen to you

By John R. Lindsey

"If I were a doctor, I'd never stop for an accident. I'd step on the gas and keep going."

The speaker was an agent for an insurance company that specializes in malpractice coverage. "Sounds ruthless and even unethical, doesn't it?" he went on, noticing my raised eyebrows. "Maybe so. But every time a doctor stops to give emergency treatment, he risks a lawsuit. Many a physician has been sued by a stranger he went out of his way to help."

"Well," I said, "the doctors I know are going to go right on sticking their necks out. It's their ethical duty to relieve suffering."

The insurance man shrugged. "I wish you'd at least

point out to them it isn't their *legal* duty," he murmured.

Somewhat surprised at that last remark, I decided to do some research on the subject. This article is the result. In the following paragraphs, I'll discuss both your ethical and legal responsibilities in emergency situations.

But before I do, let me emphasize one thing: My purpose isn't to discourage you from doing your ethical duty. I'd simply like to point out some of the pitfalls that can land doctors in court, often through no fault of their own. Now to begin:

Let's assume you're off duty and away from your office. There's an accident, and you're in a position to help. In any such event, this broad rule holds true: *Ethically*, you're expected to assist in any way you can as a medical man; but *legally* you don't have to.

The A.M.A. Principles of Medical Ethics are clear on the

"Hmm . . . I don't like that cough."

point: "A physician may choose whom he will serve. In an emergency, however, he should render service to the best of his ability."

But with equal clarity the courts seem to have established your legal right to refuse your services, no matter what the emergency may be.

The Doctor Said 'No'

An Indiana doctor, for example, was once sued for $10,000 after an injured person to whom he'd refused treatment had died. The medical man admitted in court that no other patients had required his attention. And the deceased's family proved that no other physicians had been available at the time. But the Indiana Supreme Court upheld the doctor's right to say no to a potential new patient "even without any reason whatever."

Said the court decision: "In obtaining the state's license (i.e., permission) to practice medicine, the licensee does not engage, and the state does not require, that he will practice at all or on other terms than he may choose to accept."

Such high-handed behavior is hardly in keeping with the ideals of the healing profession, of course. But it's well to realize that in the eyes of the law you don't need an excuse for turning down an emergency call.

Once you've accepted the call, it's a different matter. In other words, if you stop your car at the scene of an accident and undertake to examine an injured person, he legally becomes your charge. Both the law and medicine's code of ethics then require you to give whatever emergency care the medical facts of the situation call for.

What You Must Do

That is, you're obligated to perform all emergency treatment that can reasonably be done on the spot. And if further treatment is indicated, you must make sure that the injured person is in a position to get it.

For instance, suppose the police ask you to examine the victim of a hit-and-run driver, and you acquiesce. Your diagnosis indicates the man has a fractured skull. So you tell the police to call an ambulance.

Meanwhile, you must give whatever emergency care you feel is warranted. And your obligation to the patient doesn't stop

until the ambulance arrives and you actually turn the patient over to another doctor.

Once you turn the patient over to the other physician, you're no longer responsible for his care. But—and here's one big risk of emergency treatment—you are liable for anything you've done up to that point. The law requires you to use the same degree of skill and care other doctors in the community exercise under similar conditions—in this case, emergency conditions. So you can be sued for negligence—that is, lack of skill and care—in what you've actually done on the spot.

You're Not Committed

But neither the law nor medical ethics says you must *continue* as the patient's doctor. You've done your duty when you've arranged for further care either by getting him to a hospital or by making reasonably sure another doctor will carry on where you've left off. The courts have put it this way: "The mere rendering of such services as may be necessary in emergency cases does not give rise to the physician-patient relationship."

But suppose the patient isn't seriously injured. Let's say he has only a broken arm or a bad cut. You give him some stop-gap treatment. But you can't take him on as a patient because your office is many miles away. Are you in the clear then if you simply tell him to see his own doctor as soon as possible?

The Next Step

Yes, you are—*if* you can establish the fact that you told the patient he needed further medical care and should get it fast. In other words, you're not legally obliged to continue with an emergency case beyond the first treatment, as long as you make sure the patient understands you're so limiting your services.

Here's an example from the court records:

A California glazier's wife accidentally cut her leg on a piece of glass. The accident happened late at night near a doctor's home. The doctor, routed from his bed, sterilized and sutured the wound. Then he explained that since the glazier lived in a distant town, follow-up calls were out of the question. But he told the woman to call in another doctor.

A few days later, the glazier phoned and [MORE ON 177]

When do your bills become UNCOLLECTIBLE?

Better brush up now on how the legal time limits apply to your outstanding accounts

By Francis George, LL.B.

Most doctors are well aware that there's a time limit beyond which debts are no longer collectible. Not so well-known, I've found, are the answers to these two questions: "*When* does a doctor bill legally become due?" and "*How long* does the statute of limitations run in my state?"

Take the actual experience of a physician I'll call Edgar Horton. Dr. Horton, an Ohio G.P., had been treating a patient off and on since 1947, most recently in 1952. In combing his accounts not long ago, the doctor noticed that the patient still owed him $121—the total amount of the bill. It wasn't that the man was a pauper; he was well able to pay up. So Dr. Horton turned the account over to his lawyer.

It was too late. Because the physician had been overly generous (and careless), his lawyer couldn't win a collec-

tion action against the man. Why? Because the Ohio statute of limitations says that a debt more than six years old is no longer collectible unless legal action has already been taken.

Every state, of course, has a similar law. As the table below indicates, the time limit varies from state to state. The top limit for collecting debts is, with one exception, six years. (The exception: eight years in Wyoming.)

Note that in many states the limit is less than six years. In Texas, for instance, a debt becomes invalid after two years. In fourteen states, the limit is only three years.

Now, how do you determine the start of the period in which a doctor bill is collectible? Legally, this period begins when a specific illness is cured or when treatment is terminated. To figure the age of a debt, if no pay-

The Legal Limits of Debts

Following is the term of years in each state during which there is legal obligation to pay debts. If legal action is not taken to collect a bill within this period, the debt is outlawed —and a doctor, for example, cannot sue to recover.

2 YEARS: *Texas*

3 YEARS: *Alabama, Arizona, Arkansas, Delaware, District of Columbia, Florida, Kansas, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, Virginia, Washington*

4 YEARS: *California, Georgia, Idaho, Nebraska, Nevada, New Mexico, Utah*

5 YEARS: *Illinois, Iowa, Kentucky, Missouri, Montana, West Virginia*

6 YEARS: *Colorado, Connecticut, Indiana, Maine, Massachusetts, Michigan, Minnesota, New Hampshire, New Jersey, New York, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Vermont, Wisconsin*

8 YEARS: *Wyoming*

ment has been made on it, you simply count the years from then on. But if the bill has been partially paid, the statute of limitations generally runs from the date of last payment.

Consider, for example, Dr. Horton's long-standing account referred to earlier. The doctor had treated the man first in 1947 for pneumonia, then three years later for a fractured leg, and finally in early 1952 for pyelitis. Thus the bill for each illness was computed separately, and each debt became outlawed six years later.

No Hope of Collecting

If the pyelitis treatment had been completed five years ago instead of a little over six, Dr. Horton could still have collected for it (but not for the other work). Unfortunately, all three bills had run past their legal limit. So the patient was under no further obligation to pay.

Of course, when a physician treats a chronic disease, his services are often continuous or intermittent; at no time is treatment actually completed. So, technically, the limitation period never begins in such cases; and the periodic bills remain legally collectible, regardless of the statute of limitations.

Other exceptions may also work to the doctor's advantage. In most states, for example, if a debtor makes a part payment *after* the statute of limitations has expired, he revives the debt for another full period. The statute has then been waived, and the doctor can sue for the balance.

The doctor's legal claim on a debt may be similarly revived if, after the end of the original statutory period, the debtor gives him a written promise to pay.

But for the most part, if you delay too long, you may find yourself in Dr. Horton's predicament: You will have lost the legal right to collect. END

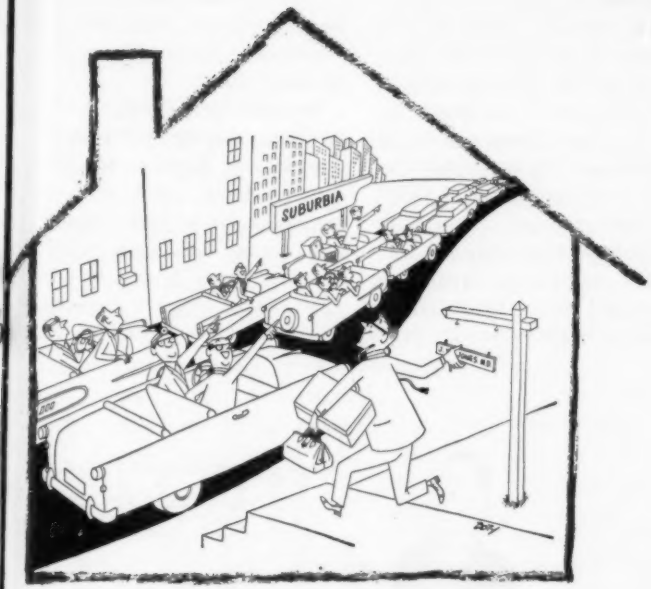
They're Moving to the Suburb

Young specialists are leading the parade. Here's how they're managing the switch from city practice and what they're learning about specialty practice in the suburbs

By Donald F. Gearing and Robert L. Brenner

Years ago, when American families started moving out of the cities, family doctors were the first to follow. As late as 1954, the typical suburban doctor—"a young, hard-working, prosperous, and contented man," as MEDICAL ECONOMICS described him then—was still a G.P.

By 1956 things were changing fast. "Even the specialists, it seems, are wearying of the competition of big-city medical practice," MEDICAL ECONOMICS reported. "Some of them—like many of their G.P. colleagues—have decided they can build more fruitful practices and lead less harried lives in the country. Result: a back-to-the-sticks trend among specialists as well as G.P.s."



Today it's true almost everywhere that young specialists predominate in the suburbs. And more of them are arriving every month. They're moving out of the cities in greater numbers than G.P.s and at a faster rate than city dwellers in general—and that's pretty fast.* They're causing some problems and solving many others in suburban medical communities from coast to coast.

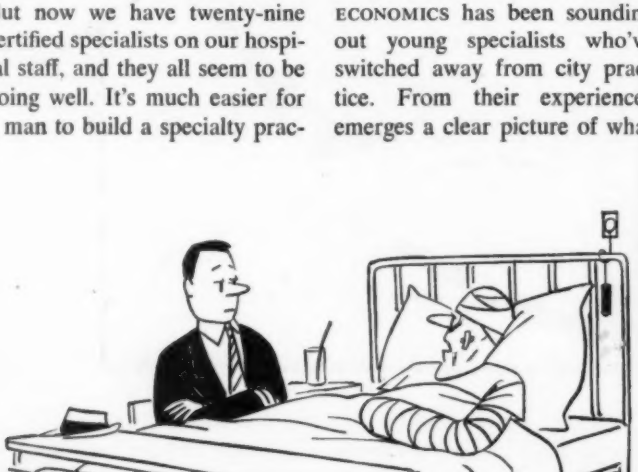
Says the chief of staff in a 200-bed hospital outside New York City: "Our most time-consuming activity these days is processing applications for staff appoint-

*During one recent five-year period, the population of U.S. metropolitan centers increased by 2,000,000—but the population of the suburbs around them increased by 10,000,000.

ments. The specialist-applicants outnumber the G.P.s by 20 to 1."

Says the senior internist in a 100-bed hospital outside Chicago: "I was the first specialist in this town, and it was tough going. Everyone thought of me as a professor. My first year's income was only about $3,000. But now we have twenty-nine certified specialists on our hospital staff, and they all seem to be doing well. It's much easier for a man to build a specialty practice here today because he has twenty-nine other men who know what he can do. And the community is no longer frightened by his fancy title."

Outside New York, outside Chicago, outside Philadelphia, outside Los Angeles, outside a dozen smaller cities, MEDICAL ECONOMICS has been sounding out young specialists who've switched away from city practice. From their experiences emerges a clear picture of what



"But by the time he found out I was her *doctor*, it was too late."

the move means to them—and perhaps to you.

Let's listen to them tell their stories in their own words.

The Reasons Why

First, why the big switch to the suburbs? For some young specialists, it's as simple as this: "My practice was rapidly moving out of town. I went out to see where my patients were going, liked what I saw, and moved out with them."

That's what a young internist told us last month as he worked to get his newly rented office ready for his first suburban patient.

But for most of the medical migrants, it's not just a case of following the crowd. There are deeper reasons, both professional and personal, for the mass exodus from the cities. For example, a suburban surgeon says:

"I took my training at the Mayo Clinic and then came to the big city. I got a part-time industrial job and a part-time teaching job and did a lot of free work on ward patients. It was wonderful surgical experience, and I even got a few private patients out of it.

"Then I got married. It became damn difficult to get along on what I was earning. I realized it would take me at least five or six years to build a satisfactory private practice in the city. I didn't have the financial resources to stick it out.

"That's why I'm here in the suburbs. I didn't know a soul in town except one other surgeon. But in a place this size, you can become known and build a practice in half the time it takes in the city. At least it's working out that way for me."

No Fee-Splitting

Another suburban surgeon says: "The only way you can build a referral practice fast in the big city is by splitting fees—and I wouldn't do it. I struggled along for three years, then moved out.

"No one splits fees around here. No one has to. You get referrals on the basis of your training because other young doctors appreciate that sort of thing.

"In the city, your training doesn't cut much ice. Without experience, you get nothing—not even experience—unless you offer unethical inducements."

And from an internist who began practice in a big city: "After

two years, the bulk of my income was coming from chasing around on house calls. I was doing everyone else's scut work. Only about 10 per cent of my time was spent on diagnostic work-ups and consultations—real internal medicine.

'Better Off' Now

"Here in the suburbs, I'm still not doing as much real internal medicine as I'd like. I'm more a family doctor than a diagnostician. But I'm doing more nearly what I want to do than I ever was in the city. And I'm a lot better off financially."

Finally, from a young pediatrician: "I'm a country boy at heart. I started practice in a big-city housing development because I'd taken my training nearby and thought I'd be more successful there than anywhere else. It worked out all right professionally. But after three years I got completely fed up with city life. The traffic, the noise, the soot, the school problems—this wasn't what I wanted for my three children.

"We're living twenty miles outside the big city now, and life here is a lot pleasanter. My practice? It's not yet as big as it was in the city, but it's more rewarding."

MORE▶

THEY'RE MOVING TO THE SUBURBS

There you have some of the professional and personal reasons that are propelling young specialists out of the cities. Metropolitan practice means a slow start, a lot of frustrations, and not much family life, as these doctors see it—all perhaps worth putting up with for the sake of eventually becoming a "big specialist" in a big city. But these young men don't want to wait, or else they can't afford to. They'd rather be moderately successful sooner than hugely successful later. They'd rather put their roots down in dirt than in asphalt.

How are these young specialists picking their suburban spots? How are they making the break away from city practice? How are they handling the practical details of starting all over again? Let's let the interviewed doctors speak for themselves. Listen, for example, to this psychiatrist:

"Once I'd decided city practice wasn't for me, my wife and I spent almost every week-end exploring likely suburbs. We wanted an attractive town to live in, a fast-growing local population, and no other psychiatrist nearby. It took us [MORE ON 160]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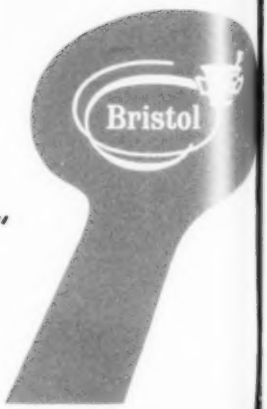

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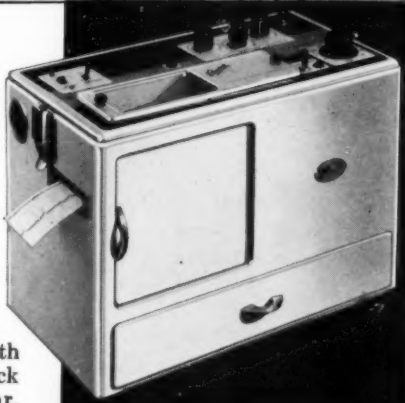

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What's Wrong With Group Practice

The caste system, the medical hierarchy, the big-business overtones got this doctor down

By Alma Anderson

For nearly five years, my husband was in group practice. Now that he's resigned from it, I feel as though I've been released from a strait jacket.

Marriage to a doctor is ordinarily a far different thing from marriage to a business executive. But gloss it over as you will, the large clinic today is in business—Big Business. In addition to the physicians, nurses, technicians, and secretarial staff, there are, as well, always unobtrusively in the background, the business manager and his staff. These people don't kid themselves. They know

perfectly well that they are running a business.

The individual physicians (and their wives) don't always see it that way at first. Yet gradually they are forced into being like, living like, and spending like typical executives of a large corporation.

Our case was no exception. It started so innocently. When Steve was first appointed to a fellowship in the department of internal medicine in a large Eastern clinic, it was as though a gold medal had been pinned on his chest.

The hours were long and the pay was meager. But the experience . . . it would be wonderful. I was as delighted as he.

In the beginning, our social contacts were few. Our friendships naturally gravitated toward the other Fellows of the clinic, married and unmarried. All of us were young; none of us had much money. An occasional get-together at the apartment, with steak, a baked potato, salad, and ice cream, satisfied the amenities. If and when we made up a foursome for dinner and the theater, we all paid our own way.

In the first year, though, we had three experiences that should have warned me.

The First Omen

One day, when the renewal of Steve's fellowship was pending, I mentioned that I was planning a picnic. "Good," he said. Then, after a moment of hesitation: "But let's not invite Dr. K. and his wife."

When I asked why, he said: "Well, dear, he's a little too independent for the Chief. He's being eased out at the end of the year. We'd better not be too friendly with him."

I didn't like it, but I could see the point. If we were going to get ahead, it would be best to choose our friends among those who were clearly on the way to success. From the group point of view, why waste friendship on those who were only passing

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THIS ARTICLE *is the third on group practice published by this magazine in recent months. The previous two, based on interviews with Dr. Russel Lee and Dr. Gunnar Gundersen, discussed group practice in highly favorable terms. But there's another side to the story, as some readers pointed out afterward, and it's never been told better than in the accompanying article. First published some years ago, it's being published again now as a useful reminder that combined practice has some potential pitfalls all its own.*

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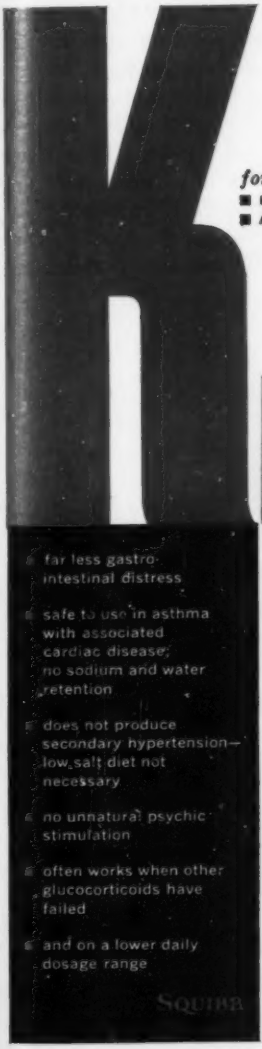

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through? I had never thought of friendship as a "professional relationship." But if that was what Steve had to have, I would cooperate.

Not long afterward, I had my second shock. In a predominantly Protestant city it was not strange that nearly all the people connected with the clinic were Protestant. There was one Catholic physician in the medical department and a Jewish member of the department of anesthesia. When I wondered why we hadn't met either of them, the director explained everything to me:

"We always have one or two of each so that no one can say we're prejudiced. They come and they go. Don't waste any time on them."

When you're anxious to get what is commonly called "a-

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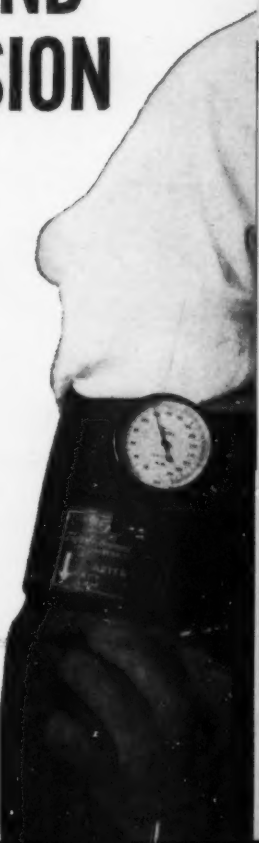

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2. Smirk, F. H., and McQueen, E. G.: Lancet 2:119, 1955.
3. Winton, S. S.: Internat. Rec. Med. 170:665, 1957.
4. Malamud, W., et al.: Am. J. Psychiat. 114:193, 1957.

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head," you can rationalize any situation. You say to yourself that practical group politics can —and often do—demand superficial acceptance of race prejudice. But soon I grew conscious of another kind of prejudice, when, almost simultaneously, one of the surgical Fellows married a nurse and one of the medical staff appointees married into Society.

Poor Fellow!

"What a pity," said Steve's boss about the surgical Fellow. "He's a nice kid. But as far as the clinic is concerned, he's cut his throat. He can get on the staff, but that's as far as he'll ever get. A *nurse*!"

I'd heard that some of the older members had married nurses. But that had been when the clinic was first started. They had lived it down. Marrying a nurse was no longer acceptable—least of all to the older wives who were ex-nurses.

It was a different story, though, for the man who had married into one of the First Families of Virginia. His wife was an "asset" to her husband. He got a promotion and a raise. I kept my mouth shut, but by then I'd begun to wonder.

Meanwhile, the "feeling-out

process" went on. Steve was at last told that he would get his appointment—and at a salary that left us breathless. It was then that we discovered what it costs to be a success in a large group practice.

The 'Right' House

The director's wife asked me if she could help me look for a house. It had to be in just the right neighborhood. And "for goodness' sake," she said, "get one that's big enough."

According to the caste system, the house could be as big as those owned by my husband's equals. But it should not, of course, be *too* big. It must cost more than the homes of Steve's subordinates, but less than those of his superiors.

The down payment took all our savings. Then and there I learned an important lesson in business psychology: If you live "cheaply" or save money, it means that you lack confidence in yourself and faith in the Big Boss.

Staff members must live like the successful executives they are. To skimp would be a criti-

cism of the clinic. To be extravagant would be just as bad. You must fit exactly in the group and measure up to group standards. Then, if you're *very* good, you may be permitted an occasional minor eccentricity. But it must represent no fundamental cleavage from the group mores.

Recreation Prescribed

We had to join the country club, in spite of its staggering membership dues. We had to give up our quiet evenings at home listening to music. According to the wives of the physicians at the clinic, listening to records wasn't "fun." They preferred bridge, which I dutifully learned and played all through those five lost years.

The church? No compulsion, of course—but: "We all go to St. Jude's, you know. Mr. Chistlehurst, the rector, has such a fine background. The Chief feels that all the staff physicians and their wives should take an active interest in the local church and in community activities—the better ones, of course."

I took the house, the country club, the Saturday night dances,

the cocktail parties, the bridge, and the church in my stride. But the social distinctions of owning an automobile were almost too much for me. It was Steve's immediate superior who really taught us what the word "protocol" in a big clinic means.

Who Drove What

The Big Boss drove a Cadillac. The chief surgeon (generally known as the Crown Prince) had recently acquired a Cadillac—"but, of course, not a Fleetwood." The heads of departments drove Lincolns or similar cars. The staff members were Buick men, or the equivalent. And it goes without saying that most of the Fellows drove Fords or Chevrolets.

We Chose Right

Where did *we* fit? We weren't ready for a Buick. As raises came along, we might gently work ourselves up to one, but not yet. For the moment, we compromised on a Pontiac. "Just right," said Steve's boss—and you'd have thought he was bestowing an Oscar on us for good judgment.

These were all little things. But they added up.

There was also our intramural social code. No diplomatic corps could have finer gradations in rank. Who invited whom and how often was a vital matter—as was who sat where at formal clinic dinners.

Income Went Up

Steve got ahead, all right. That is, he began to earn more and more money. But our expenses mounted as quickly as our income. Nor did our security lie in the goodwill of the community; it depended on the whim of one man who could hire or fire as he chose.

The hours were 8 to 6. But any extra time we had went into intramural activities, into being good sports and members of the "bunch."

We learned early to weigh our friendships, our hospitality, and our contacts to the ounce. Our parties were timed to a nicety We assessed and scored our clinic guests for social position in the group, as we ourselves were assessed by them. Friendships outside the group, either lay or med-

ical, were frowned on. All activities were completely subordinated to the clinic.

If I had complained or used the wrong phrase in the wrong place, I could have talked Steve out of a job. With a year-to-year oral appointment, and no written contract, with commitments on the house and the children in school, I had no choice but to keep silent.

His Big Chance

One day, Steve was offered the job as chief of his own department, a subdivision of medicine. It meant an increase in prestige, money, and authority.

That was when we finally sat down and talked over our five years of group practice. Did he really want to be a Boss, I asked? If he didn't, would he be happy working for the man who was offered the job? Did he want me to be the Boss' wife? How much more could he and I stand of "practical activities" and "professional friendships"?

Between us, right then, we made a decision we've never regretted. It was based on this reasoning:

Within the limitations of the group, a physician may be able to practice excellent and ethical medicine—but always for the group. Not for humanity. Not for himself.

What Is Security?

There's money in group practice, and the illusion of security. True security, though, doesn't depend on a pay check, but on what a doctor stands for in his community. The doctor and his wife have real obligations to the community at large; they can't fulfill those obligations when they're ringed around with snobbery and big-business-type competition.

The people at the clinic thought Steve had gone out of his mind when he resigned. But it was the best thing he ever did. Today he has a wonderful practice, which keeps him busy and nets him a fine income. We belong to the church and club of our choice. Our friends are all people we like. We live full and exciting lives, entirely free of protocol.

Once more I'm a *doctor's* wife —and I love it. END

How Patients Really Feel About Your Fees

Do doctors charge too much? At least half of your patients probably think so. But their opinions are generally based more on hearsay than on personal experience. And deep down inside, they have extra respect for the ability of the physician who charges higher-than-average fees.

These findings emerge from a recent survey conducted by the University of Chicago's National Opinion Research Center in cooperation with the Health Information Foundation. About 2,500 persons were interviewed at length. So were some 500 medical men named by these people as their family physicians. Here are some of the survey conclusions about fees:

Patients tend to think doctors' fees are too high. But they're even more critical of hospital charges, dental bills, and other health costs.

One patient in six feels that doctors' charges are "much too high." Another two in six say they're "somewhat high." This leaves only about half the people feeling that fees are "about right."

They probably think you charge too much, this study shows. And, oddly, that may make them respect you more

By Wallace Croatman

Although this criticism is much too substantial to sneeze at, it's nothing compared to what patients say about other health costs. Two out of every five respondents, for example, maintain that druggists' prices and hospital charges are *much* too high. Almost as many say that dental charges are much too high.

Despite the widespread feeling that fees are too high, relatively few people can cite instances in which a doctor charged them too much.

Only about a third of the patients surveyed can recall a single instance in which a doctor charged too much. That's a pretty low proportion when you consider all the contacts the average person has with medical men during his lifetime.

Even if a patient has a grievance about medical costs, he often fails to tell his doctor about it.

N.O.R.C. researchers asked the doctors how often they received complaints from their patients about *any* medical costs (including hospital, prescription, and den-

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References

1. Arner, O., and Others: Nord. med. *58*:1346 (Sept. 12) 1957.
2. Wilner, S.: Canad. M. A. J. *77*:199 (Aug. 1) 1957.
3. Bruner, J. M. R.: U. S. Armed Forces M. J. *6*:489 (April) 1955.
4. Diamant, A. H.: Nord. med. *48*:1324 (Sept. 26) 1952.
5. Wendt, G. R., and Cameron, J. S.: Personal communication, Jan. 4, 1955.
6. Stough, A. R.: Personal communication, Aug. 10, 1957.

tal charges). The doctors' replies:

Most patients complain
at one time or another . . 10%
Only some complain 32
Hardly any complain 58

According to these medical men, the main target of patients' grievances is the cost of hospital care. Complaints involving physicians' fees rarely come up. When they do, these family doctors say, they almost always relate to costs of surgery, special tests, consultants' fees, and the like—almost never to the G.P.'s usual fee for ordinary services.

The fact that a doctor charges high fees doesn't make patients think less of him. It probably even enhances his professional reputation.

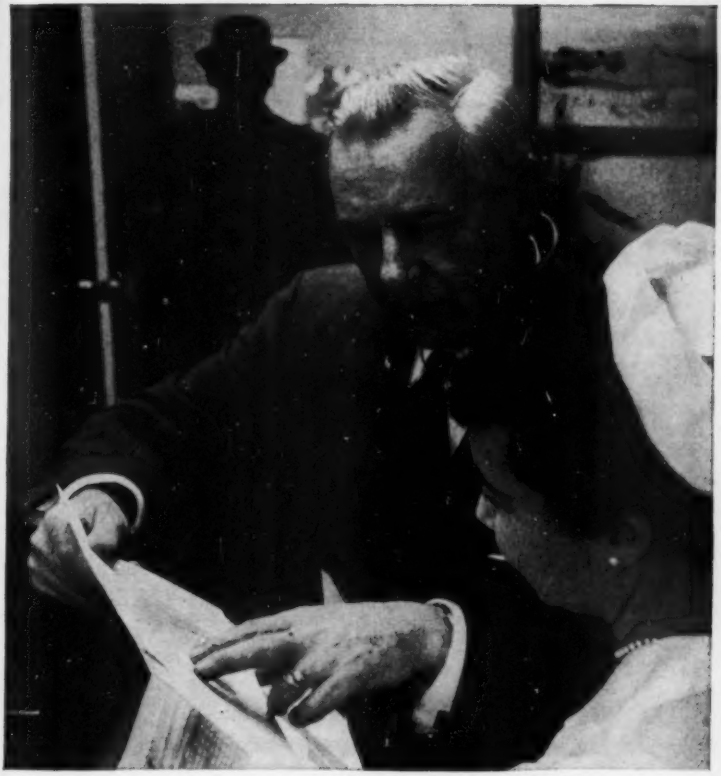
The survey gives statistical backing to something a good many doctors have long suspected: Doctors who charge higher-than-average fees are also the ones generally rated "much better than most" by their patients.

Which may make you wonder which comes first—the reputation or the high fee.

Most doctors make a point of discussing extra costs in advance with their patients. But whether they do or not doesn't seem to have much effect on what their patients think of them.

Only 13 per cent of the doctors surveyed say they "hardly ever" discuss extra costs (such as X-ray or lab costs) with a patient beforehand. The big majority—72 per cent—say they "almost always" discuss such costs in advance. Another 15 per cent "sometimes" discuss them.

The bulk of these doctors, then, seem conscious of the public relations value of advance fee discussion. But it's at least debatable whether patients consider this point important. Family doctors rated "much better than most" by patients are no more likely to discuss extra costs in advance than are medical men rated "just above average." END



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Recession Stalls Reuther's Health Plan

Private medicine is also a stumbling block. But despite difficulties in lining up doctors and hospital beds, the U.A.W. expects 'a modest start in 1959'

By John R. Lindsey

Remember the fanfare with which the president of the United Automobile Workers first announced his union's entry into the prepayment field? Two years ago, Walter Reuther's closed-panel Community Health Association was expected to pose an immediate threat to Michigan's Blue plans.

There's less fanfare now. And the threat seems less immediate. Why?

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References: 1. Welch, H.; Wright, W. W., and Staffa, A. W.: Antibiotic Med. & Clin. Therapy *5*:52 (Jan.) 1958. 2. Carlozzi, M.: Ibid. *5*:146 (Feb.) 1958. 3. Shalowitz, M.: Clin. Rev. *1*:25 (April) 1958. 4. Stone, M. L.; Bamford, J., and Bradley, W.: Antibiotic Med. & Clin. Therapy *5*:322 (May) 1958. 5. Cornbleet, T.; Chesrow, E., and Barsky, S.: Ibid. *5*:328 (May) 1958. 6. West, R., and Clarke, D. H.: J. Clin. Invest. *17*:173 (March) 1938. 7. Jimenez-Diaz, C.; Aguirre, M., and Arjona, E.: Bull. Inst. M. Res. Madrid *6*:137 (Oct.-Dec.) 1953. 8. Lerman, S.; Fogell, B. M., and Lieb, W.: A.M.A. Arch. Ophth. *57*:354 (March) 1957.

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well as other employe groups in metropolitan Detroit. It envisions a network of clinics, neighborhood centers, and cooperating hospitals that would go even further toward furnishing complete medical and hospital services than do such closed-panel plans as New York City's H.I.P.

But the project is still *only* a project. Reason: It has run up against two major stumbling blocks in recent months: (1) the recession; and (2) the opposition of private medicine.

When will this contemplated Midwest giant really get moving? And how gigantic will it actually be? These are questions doctors in and out of Michigan are asking. To find answers, I've been talking with informed physicians and hospital men in Detroit, including the C.H.A.'s new executive director, Dr. Frederick D. Mott.

It'll Take Time

Here's what I've learned:

Dr. Mott expects the C.H.A. to make "a modest start" next year. "But there will be no artificial target date," he says. "We will start when high quality services can be offered the public, and not one day sooner. There will be no compromise with quality.

"This kind of development takes time, of course. After all," he says, "it took H.I.P. about four years to get going in New York under comparatively favorable circumstances. They had an oversupply of doctors, for example, that we don't have in Detroit."

They're Hard Hit

As Dr. Mott implies, the circumstances aren't very favorable in Michigan right now. First of all, the economic recession has weakened the U.A.W.'s bargaining power. With automobile production at a six-year low, one worker in six is now idle. And the U.A.W. has been hit even harder: Some 400,000 of its 1,300,000 members in the U.S. are jobless—and therefore no longer paying dues.

What's more, a backlog of 850,000 unsold new cars gives the companies a bargaining advantage and blunts Reuther's most effective weapon, a strike threat. Naturally, as he said recently, "we're not going to accommodate the industry by striking."

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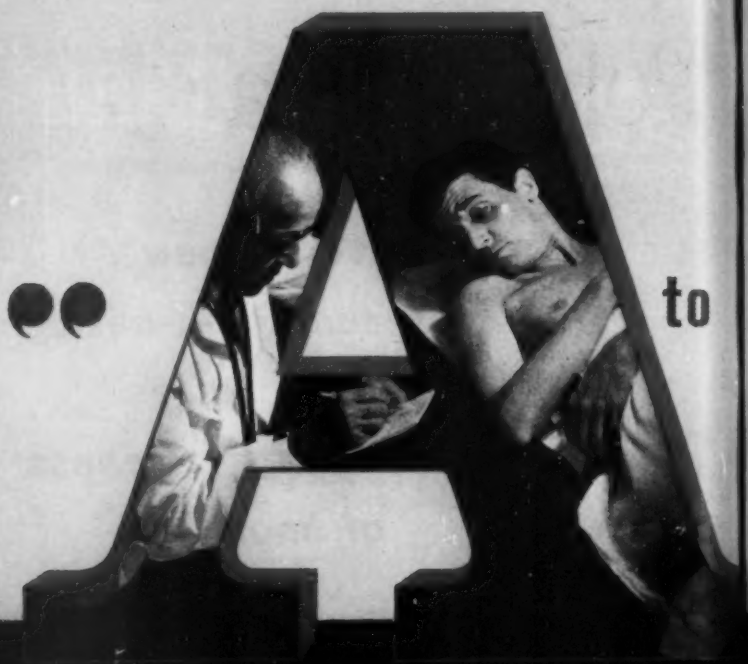

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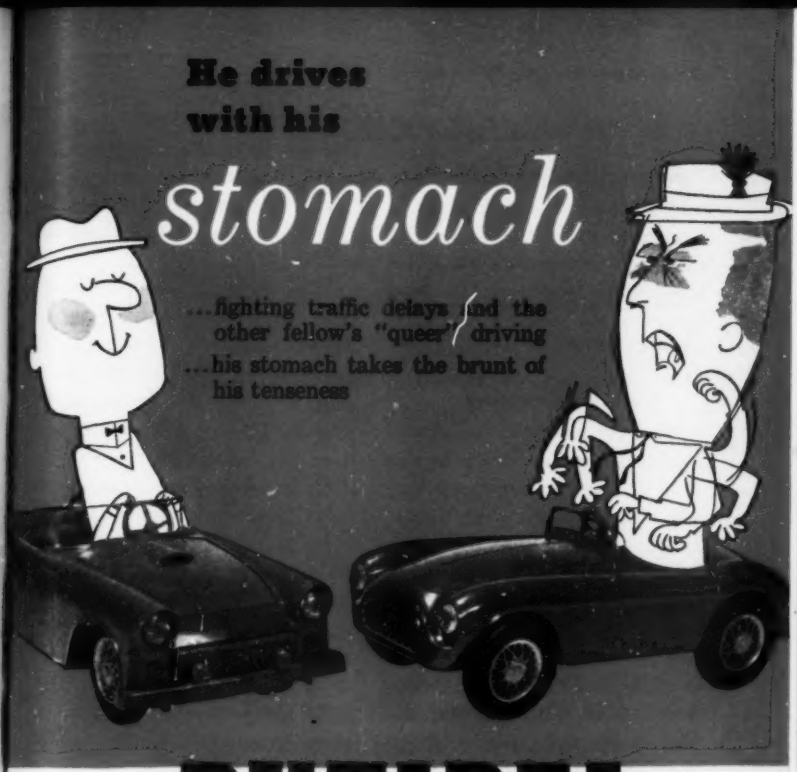
CAPSULES and SYRUP

count on any more help from industry than it's already getting in launching the Community Health Association. True, the U.A.W.'s General Motors Council, for example, has earmarked some of its anticipated profit-sharing proceeds for "better health programs" like the C.H.A.'s. But there may be little profit to share in 1958.

And as if the economic situation weren't enough, the C.H.A. is also having trouble lining up physicians and hospital beds and facilities.

Dr. Mott has hoped to organize several medical groups of thirty or more physicians each, "either as independent partnerships or as salaried groups." And he'd like all the physicians in each group to have staff privileges in the same hospital. But he now concedes it's easier to hope for cooperation from private medicine than to get it.

"For one thing," he says, "Detroit has a very low ratio of physicians for its population. For another, surveys indicate that local physicians enjoy the highest average income of all U. S. doctors. And, too, our hospitals are



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running at a high level of occupancy."

As a result, the C.H.A. idea seems to have a limited appeal in medical circles. "And that's why we expect our program will develop with something less than lightning-like rapidity," Dr. Mott admits.

Cool Reception

To ascertain the extent of hospital cooperation—or the lack of it—I put the question to one man who's in a position to know: Jacques Cousin, executive director of the Greater Detroit Area Hospital Council. His answer: "The C.H.A. has approached just about every hospital and clinical facility in the Detroit area. I don't think Dr. Mott has had much favorable response. And, to my knowledge, he hasn't received any commitments."

Some institutions *are* receptive to C.H.A.'s group-practice idea, I discovered. One of these, the 108-bed Metropolitan Hospital, already houses a diagnostic clinic staffed by a fifteen-man group that has contracts with U.A.W. locals. But there aren't many such medical groups in Detroit at present. And Dr. Louis J. Bailey, president of the Wayne County Medical Society, doubts that the medical staffs of most larger hospitals will accept the idea of groups affiliated with "a union-sponsored plan." Says Dr. Bailey:

"The doctors wonder whether such a plan can ever be free of what the shop stewards may decide. Dr. Mott says he can't speak for what the shop stewards may do. Neither can we. But we have our suspicions."

Other physicians I talked to raised such questions as these:

Under the C.H.A. program, would the medical staff of an independent hospital work side by side with men on salary? And if a C.H.A. group did have hospital privileges, would the group men get preferential treatment in such essentials as admissions and scheduling?

'Frictions' Foreseen

As one doctor put it: "Even if the group is small, frictions with private practitioners could develop. Sometimes a pebble causes friction."

Added another medical man: "There aren't many hungry doctors in Detroit. So I doubt that the C.H.A. can attract many men out of private practice. Of

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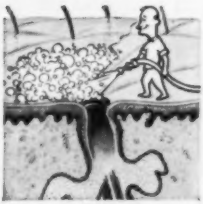

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◂ Penetrate and soften comedones, unblocking the pores and facilitating removal of sebum plugs.

Fostex dries and peels the skin

◂ The Sebulytic base of Fostex dries and promotes peeling of the skin . . . actions enhanced by the keratolytic effects of micropulverized sulfur and salicylic acid.

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course, if they want second raters, we have 'em. But from what Dr. Mott has said, I think he wants to get top men."

Medicine Is Critical

Furthermore, the attitude of organized medicine toward the Reuther health plan appears to be hardening. A statement by Dr. Arthur E. Schiller of Detroit, which was published recently with approval of the Council of the Wayne County Medical Society, is indicative. The C.H.A., says the statement, poses "a type of competition that we have never before encountered in private practice in Wayne County . . . a type of competition that we believe is not in the best interests of either the patient or the doctor."

Thus, hampered by the recession and the difficulty of enlisting the doctors it needs, the U.A.W. project has been considerably slowed down. This doesn't presage a total collapse by any means, however. The men who back C.H.A. are determined to see it through—if necessary, by building their own hospitals and recruiting physicians from outside the area.

In fact, bringing in new doctors appears to be a likely solution, according to at least one sympathetic medical man. Says Dr. Kenneth E. McIntyre who is the director of the Metropolitan Hospital:

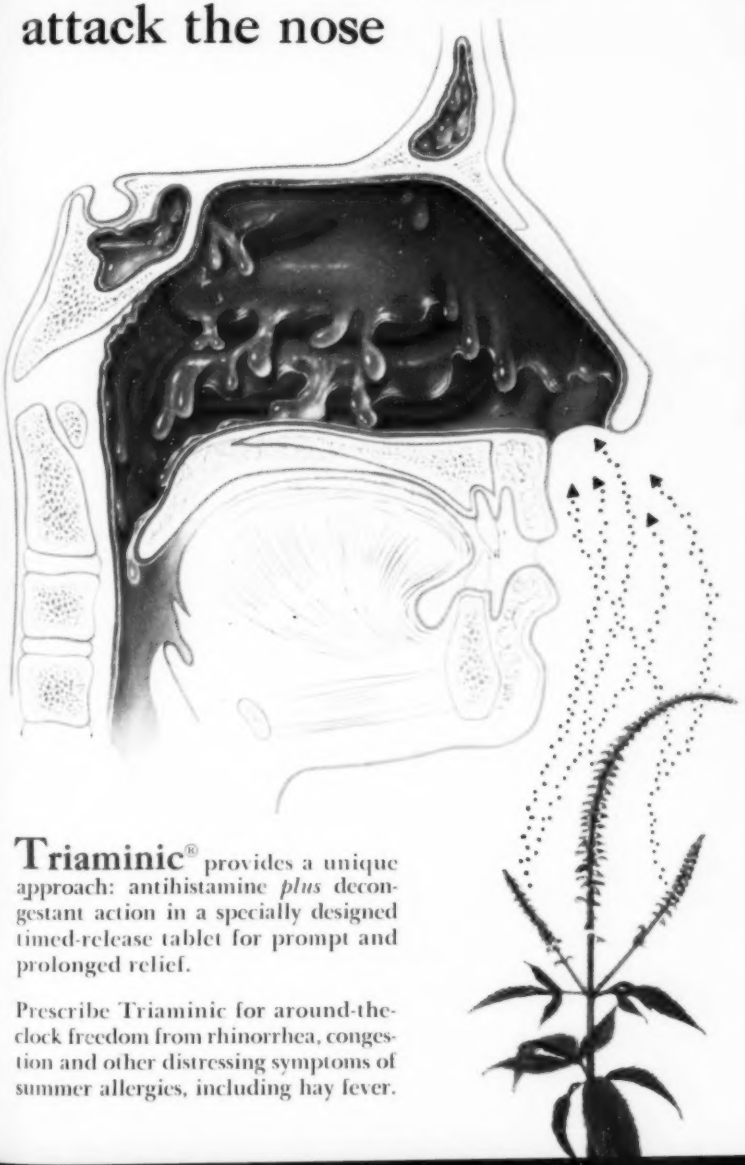
"As head of one of the prospective hospitals that will cooperate, this is the way I see it: My guess is that the C.H.A. will be built around young men with a taste for group practice. I see no reason why group practice shouldn't develop in Detroit without seriously affecting those who prefer to remain in solo practice. Many factors seem to favor it: a decentralizing population, relocation of hospitals on the periphery of the city, a scarcity of doctors.

New Men Needed

"Consequently, it seems to me," adds Dr. McIntyre, "new doctors must be established here, and groups can be conveniently started without displacing doctors established in solo practice. The fact that Michigan is an area of relative doctor need will, I believe, make this transition much easier and less threatening to those who still prefer to practice alone."

It's even possible that Walter Reuther's plan may get a boost

When pollen allergens attack the nose



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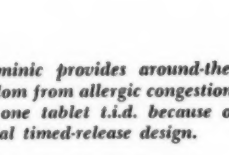

then—3 to 4 *more* hours of relief from the inner core

Dosage: One tablet in the morning, mid-afternoon and at bedtime. In postnasal drip, 1 tablet at bedtime is usually sufficient.

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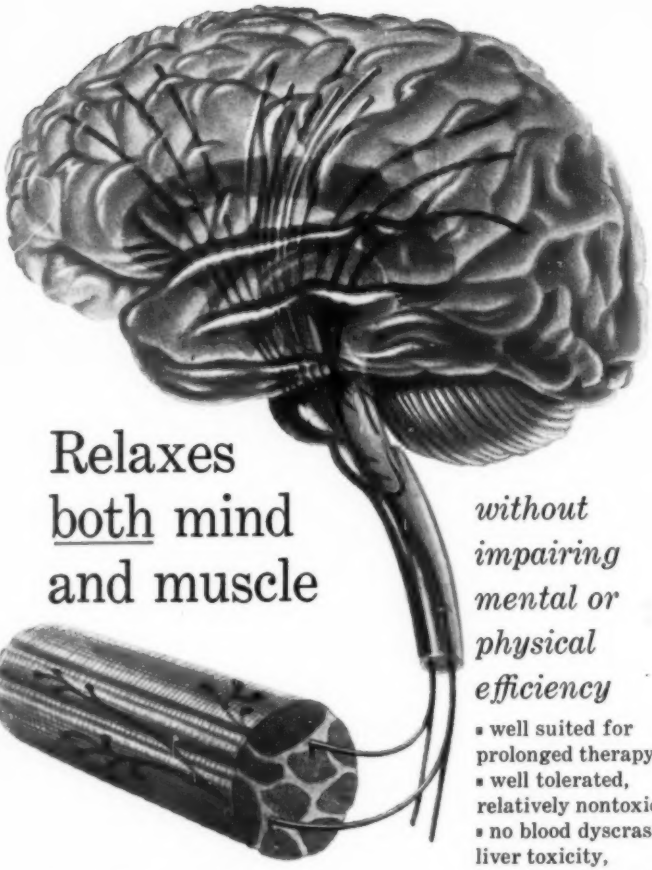
through a tie-in with the teaching program of the Wayne State University College of Medicine. Dr. Mott says he has been exploring the idea of setting up one or more C.H.A. groups in an area that includes four Detroit hospitals where Wayne is expanding its teaching program. If C.H.A. groups were established in these hospitals, the union plan could provide a fine source of teaching material, suggests its executive director.

The Dean's Reaction

When I asked Dr. Gordon H. Scott, Wayne's dean, for a comment, here's what he replied: "This is in the realm of possibility, but it has received little discussion so far. Saying that the C.H.A. might provide a fine source of teaching material is a bit like saying that if we had a good war we'd have a lot of brain injuries."

To sum up: Reuther's health plan is still planning big. But it's having such serious difficulties that the union will probably be satisfied with a modest beginning in 1959. The *ifs* are many. Meanwhile, Michigan's doctors aren't relaxing their vigil. They've learned to respect the U.A.W. leader's genius for getting what he wants. END



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Reading Yourself Ragged?

You can cut your reading time by 50%, or read twice as much with less effort, if you paste these eight tips in your book

By Hal Johnson

Doctors often tell me that they simply can't cope with the torrent of required medical reading. To all of them I say approximately this:

"If you'll apply yourself, you can learn to skim the cream off twice the number of scientific articles you now read—and with half the anguish."

How? By changing your reading habits. Here are some ways to increase both your speed and your efficiency in absorbing the printed word:

1. First of all, find out how rapidly—or slowly—you now read. Pick an article in a nontechnical magazine—say, this copy of MEDICAL ECONOMICS—and read it for exactly three minutes. Read with the intent of comprehending. Then determine your per-minute word rate.

Without returning to the article, try to remember what

THE AUTHOR *directs the Reading Improvement Program of the Phoenix, (Ariz.) Union High School and Phoenix College District.*

the part you read was about. If you can't do this satisfactorily, you really read even more slowly than your three-minute calculation indicates; for speed without comprehension obviously means nothing.

Now that you know your present reading speed, start thinking about how to accelerate it. Try these ways:

Push Yourself

2. Before actually reading anything, scan it. Look for important clues like headings in boldface type, italicized material, charts, and summaries. Each indicates a main point and gives you a picture of the ground you'll have to cover. Several doctors have told me that this moment of preliminary scanning has immeasurably improved the speed and effectiveness of their reading.

3. Force your eyes to move ahead on the page. Don't reread material that seems hazy, but try to clarify meanings as you progress. This may come hard to you at first, but you can get used to it. Remember that slow reading is just a habit.

4. Learn to skim. Sometimes you find yourself reading material you're already familiar with. This is waste of time. So why not just cull out what's new to you and discard the rest?

The best way to skim is to glance at the first and last sentences of a few paragraphs. In a few seconds you'll know what the article is about and whether it's worth your time.

5. Form the habit of grouping words into thought units. Consider the sentence, "Take a pill every three hours, and you'll feel better." It's easy to break this up into natural thought units: "Take a pill / every three hours / and you'll feel better."

Words have more meaning when so grouped. Yet it's surprising how many intelligent readers let the eye pause—and the mind rest—on each word individually.

The efficient reader automatically supplies such words as *a, and,* and *the.* Passing over them increases reading speed enormously.

The point is that the word-by-word reader must pause an instant for each word; and during that pause he tends to lose the continuity. As a result, his overall comprehension suffers. He's forced to reread whole passages. Most word-by-worders read no

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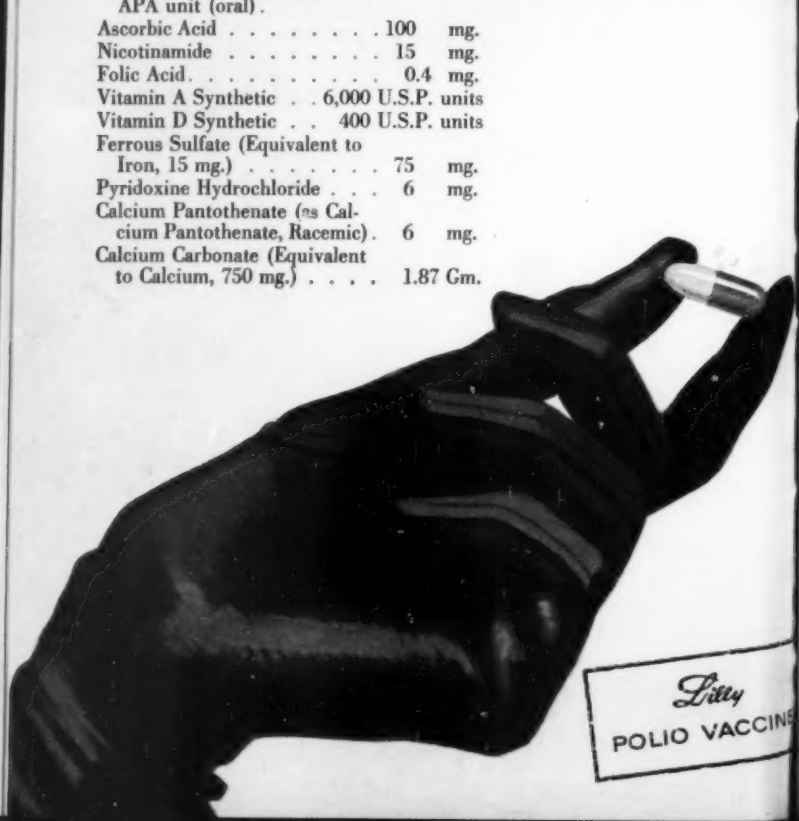
Nicotinamide	15 mg.
Folic Acid	0.4 mg.
Vitamin A Synthetic	6,000 U.S.P. units
Vitamin D Synthetic	400 U.S.P. units
Ferrous Sulfate (Equivalent to Iron, 15 mg.)	75 mg.
Pyridoxine Hydrochloride	6 mg.
Calcium Pantothenate (as Calcium Pantothenate, Racemic)	6 mg.
Calcium Carbonate (Equivalent to Calcium, 750 mg.)	1.87 Gm.



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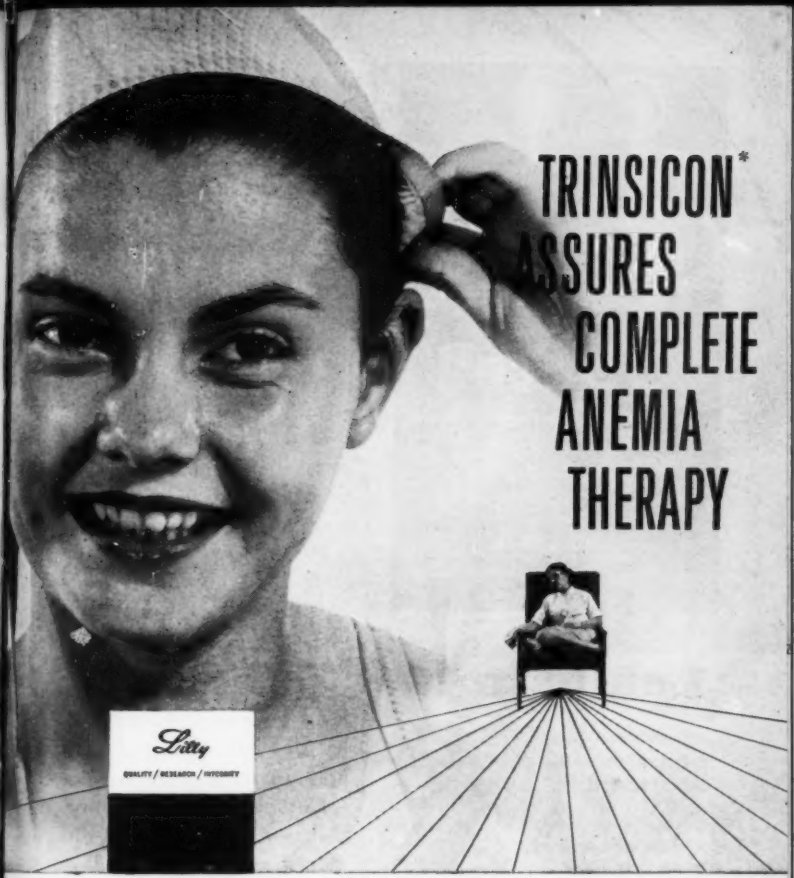
faster than the average person talks, instead of several times as fast.

6. Limit the pauses your eyes make in their forward movement. The more pauses, the more inefficient the reading. The eyes should move in a definite rhythm, pausing about the same number of times in each line, and about the same length of time for each pause. You'll find that this rhythm materially helps the flow of ideas.

It's best not to pause over unfamiliar words unless the passage is meaningless without them. Try to make a habit of reading with a pencil in hand. A quick check mark next to a word or phrase can indicate it as something to look up later. That way, your reading rhythm won't be broken.

If there's any single key to truly rapid reading, I believe it's this: Keep moving!

7. Learn to adjust your reading speed to different reading situations. Many doctors apparently read both technical material and lighter stuff at the same rate. Actually, a physician should be able to read his professional books and journals at about 175 words



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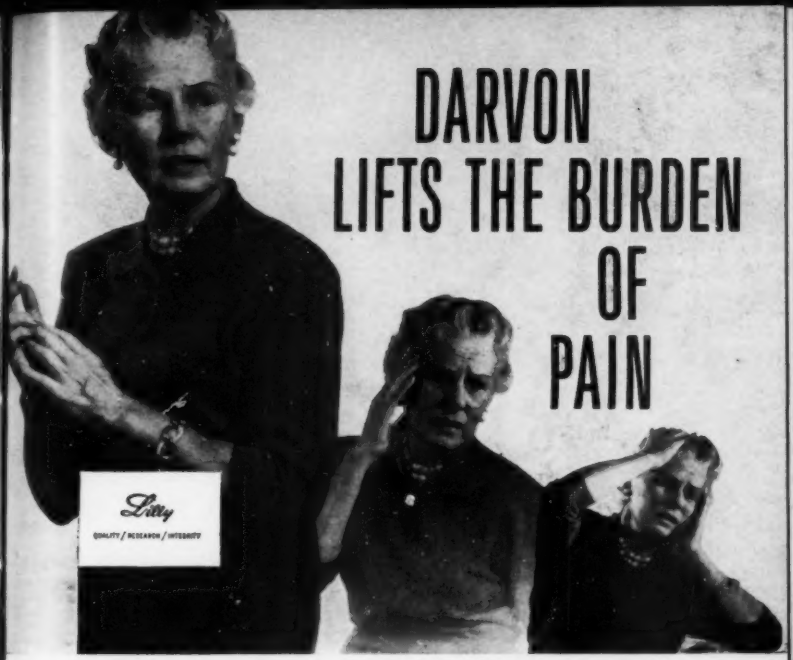
a minute; he should be able to gallop through a novel at three or four times that speed. Your purpose is different for each. Be flexible enough to read accordingly.

Clock Yourself

8. Make periodic time checks of your reading speed. Do this two or three times a week. Keep a record of your gains; the record will act as an incentive. No matter how rapidly and well you read now, you can still improve.

Studies show that the average adult gets through only about 250 words of light reading a minute. You undoubtedly do much better than that. But research also proves that anyone can boost his reading speed from 50 to 100 per cent without loss of comprehension. With some serious effort, then, you should soon be able to read the Journal A.M.A. almost as rapidly as a layman reads lurid paperbacks. END



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Don't Forget to
STOP-LOSS
Your Stocks

If you're going to be out of touch with the stock market for a while this summer, better leave a safety-sell order with your broker

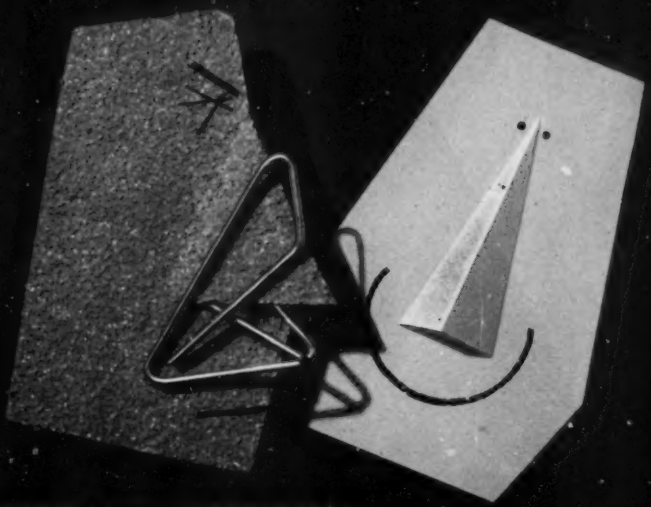
By Alton S. Cole

Last July a Louisville surgeon with sizable market holdings was about to leave on an extended trip abroad. As a safety measure, he left with his broker stop-loss orders to sell all his stocks at prices about 10 per cent below those then prevailing.

Returning in October, he found his account had been liquidated the first day or two of the late-summer slump. He'd been automatically sold out close to the top of last year's big bull market. Result: a handsome pile of cash for reinvestment at the deflated share prices that have prevailed since then.

That's how stop-loss orders work ideally. But they also have some weaknesses. Consider their mechanics:

Suppose you hold a stock you bought at $50. The



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*'Sandril' (Reserpine, Lilly) †'Pyronil' (Pyrrobutamine, Lilly)

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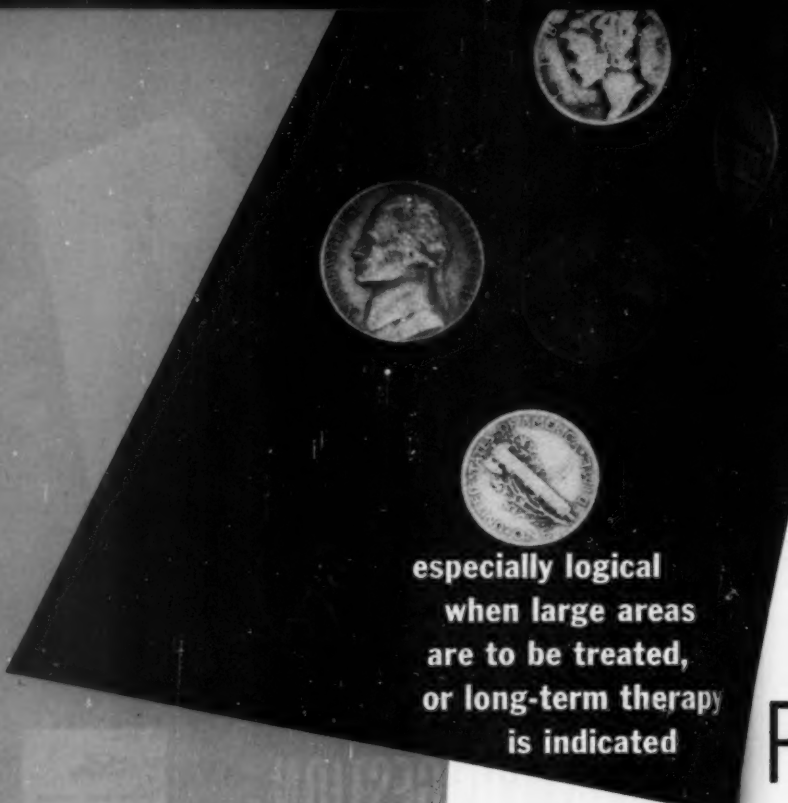

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This is like telling your broker: "If a transaction occurs in this stock at a figure as low as $45, sell me out immediately at the best price you can get."

But the best price he can get won't necessarily be $45. Re-

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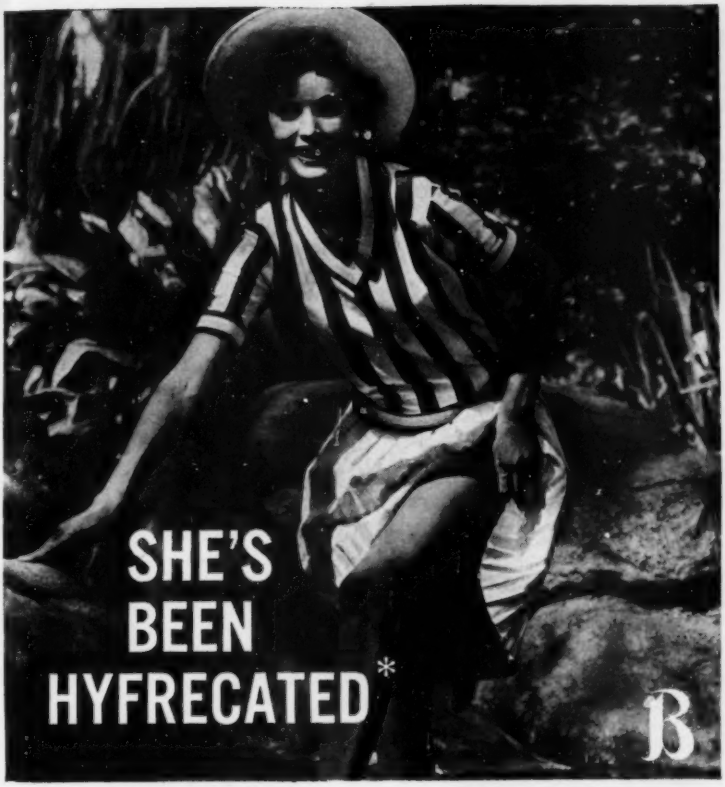
member, the stock at the moment will be in a declining trend. Maybe the next best bid on the stock exchange trading floor will be only $44.50—or $44—or less.

Whatever it is, his orders are to accept it. That's the basic principle of a stop-loss order.

The amount you'll realize will depend on several things. For one, how sharply (or mildly) prices are declining. For another, how active a market your stock customarily enjoys. If it's one of the lesser-known issues, with not many buyers and sellers interest-



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ed in it, there may be a wide gap between the bid and asked prices. In such a case, you may find that your broker has had to sell at a figure several dollars below your designated stop-loss price.

Know Your Market

Obviously, you should know whether your stock commands an active market or only a thin market, and make appropriate allowance in naming a stop-loss price. The more widely popular the stock is, the more you're justified in expecting to receive just about your stop-loss figure if the stock is sold in a moderately declining market. But a word of warning: Even if it's a popularly-traded stock, a vacuum can occur now and then, causing it to drop a point or two between sales.

Another catch in using stop-loss orders is that, despite the best calculations, you may find yourself "stopped out" of a rising market. That is, the stock may fall just far enough to touch off your order, then shoot merrily up again. This can result from a temporary vacuum that has no bearing on the basic price trend of the issue. It's more likely to

result with highly volatile stocks, of course, than with the more stable shares.

If you own stocks that tend to fluctuate sharply from week to week, better set your stop-loss price well below the prevailing figure. Otherwise a downward fluctuation may cause your stop-loss order to be executed at just the wrong time.

But, tricky as they are, well-timed and knowing use of these conditional sell orders pays off in the long run. It takes only one big bail-out job—as with our Louisville friend last year—to more than offset all minor mishaps.

For the physician who's too busy to watch the market behavior of his shares, stop-loss orders can also serve as a sort of investment alarm clock.

A brokerage slip announcing the stop-loss sale of one or another of his stocks will remind him that it hasn't been acting as well as it should. After rechecking its prospects, the M.D.-investor can either stay out of the stock or buy it back again.

Costs money? Sure. Most insurance does. END

[CONTINUED FROM 104] six months to find the town that suited us.

"Right away, I notified my city patients that I was planning to move. A bit later, I began suggesting the names of two or three other psychiatrists they might want to transfer to. I didn't encourage their following me to my new location. It was too far away. So I had to start my new practice from scratch.

"Actually, it built up fairly fast. Once other doctors knew I was around, they seemed glad to send me patients with emotional problems. And quite a few former city dwellers came in of their own accord. But they came from neighboring towns—not from mine. Apparently suburbanites don't like to patronize a psychiatrist in their own town. At least that's my experience."

That man's move to the suburbs was the simplest possible switch: a clean break from his city practice, a clear-cut need for his services in the new location, and no local competition. Most young specialists don't find it that simple. Listen to this ENT man's story:

"My problem in moving to the suburbs was to pick a spot where I could get hospital privileges and some referrals. I'd always lived outside the city and commuted in. Naturally, I started looking near where I lived.

"Most of the hospitals were pretty discouraging. It might be a year or two before I could even get on the courtesy staff, they told me. I also found out that G.P.s and general surgeons did most of the tonsillectomies and that ENT men already on the staff didn't have enough to do.

"But one hospital didn't give me the cold shoulder. I went to see the chief of surgery and stated my case. I explained that I was a local boy and earnestly desired to become a local ENT man —not a half-and-half specialist dividing his time between city and suburb. He seemed impressed. At least, he told me that he felt there was room for another ENT man and that he thought I could get courtesy privileges right away.

"On the strength of that, I closed my city office. But I let all my patients know my new location and tried to get them to

stay with me. Those who lived within a reasonable distance actually did so. They were the nucleus that helped me make a go of my new suburban practice."

In both the foregoing cases, the specialists managed to make a clean break from city to suburb. In many other cases, though, this isn't possible. A young OB man explains:

"Many of my medical friends lived in one particular suburb, and through them I got quite a few patients from that town. My office was in the city, but after a while I found it practical to spend one afternoon a week in that suburb. I used a friend's office on his afternoon off. I saw patients there by appointment and saved them a trip into the city.

"More and more patients came to me from this suburb. I began using my friend's office two afternoons a week, then three: Wednesdays, Saturdays, and Sundays. Meanwhile, my wife had fallen in love with the town. We decided that this was the place we wanted to live.

"A new hospital was being built in the area. I figured that when it was finished, I'd be able

to practice full-time in the suburb. But it took two years for me to complete the transition from downtown practice to suburban practice.

"Meanwhile, I had two offices to pay for—one full-time and one part-time—and more driving between the two than I like to think back on. It's the safest way to switch to suburban practice, but it's quite a grind."

Finally, a young internist tells how he put a gradual switch to the suburbs on the soundest possible economic basis:

"I built a new home in the town where I wanted to practice. But I didn't close my city office right away. Instead, I sublet it three days a week—Tuesdays, Thursdays, and Saturdays—to a young man who was just getting started. On those same days, I rented space in my new home town for exactly what my tenant was paying me.

"Thus I'm building up a new practice at no cost while my old practice is being covered for me. According to our agreement, the young man will buy my old practice from me when the time is ripe. He'll get his money's worth,

because by then patients will know him well and stick with him. And I'll put the proceeds into new office facilities in my new location. What could be neater?"

Things They've Learned

So much for the usual methods of switching to suburban practice. Now, what have these young specialists learned about the advantages and disadvantages of practicing outside the cities?

On the dark side, the hospital set-up usually bothers them most. It's not the same as in the teaching hospitals where they were trained. In the suburbs, as one young surgeon describes it, "the hospital is apt to be run by older G.P.s who are self-taught surgeons. It's bothersome to have such men supervising you when you know that in a teaching hospital you'd be allowed to operate without supervision."

Then, too, in the small suburban hospitals, personal factors play a greater part in admissions. "I'm the new boy on the block," says a young orthopedic surgeon, "so the older staff doc-

"I know *you've* learned to live with my symptoms, but *I* haven't."

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FORD, R. V., Rochelle, J.B.III, Handley, C. A., Moyer, J. H. and Spurr, C. L.: J.A.M.A. **166**:129, Jan. 11, 1958.

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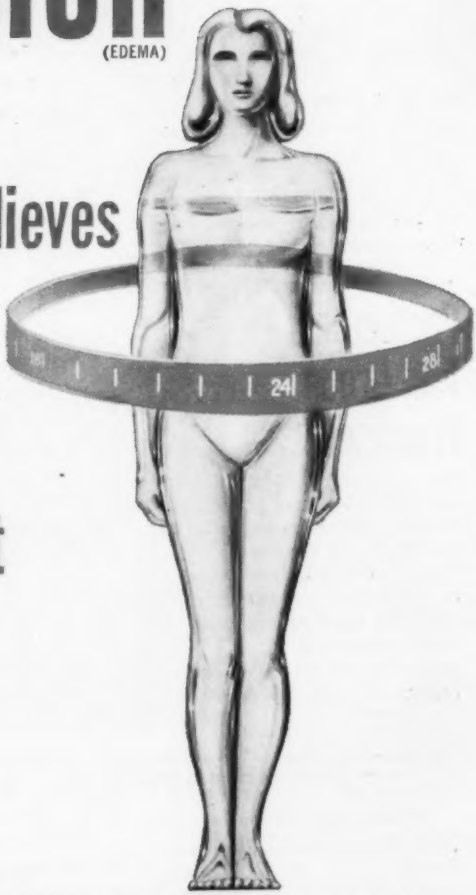

ANY INDICATION FOR DIURESIS IS AN INDICATION FOR 'DIURIL'

tors get beds whenever they want them, and I get what's left over. There's no equity in the admitting system here. And there's nothing I can do about it."

What's Wrong With It

Some other drawbacks to suburban practice, as the erstwhile city specialists see it:

¶ Office facilities aren't apt to be good unless you build your own. Says a young urologist: "Nine out of ten suburban landlords won't do a thing for a new tenant. You have to put in the partitions, soundproofing, and electrical wiring you need. Then you have to leave them there when your lease is up."

¶ Specialty practices aren't apt to be as strictly limited as the specialists themselves would like. Says a young internist: "Much of my work is with teen-agers. I take up where the pediatricians leave off. I didn't plan it that way; I'd rather do diagnostic work-ups on older people. But this happens to be one of the things my community wants of me."

¶ Fees are lower than in the cities—about one-third lower, in the case of surgical fees. Says a suburban surgeon: "Out here the referring doctors influence surgical fees to quite an extent. They describe their patients' financial

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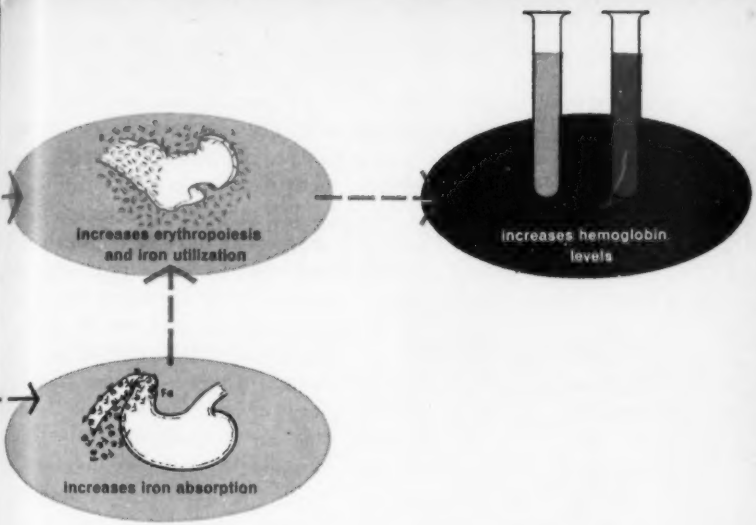


Elucidation of the action of erythropoietin—the erythropoietic hormone—provides a clear explanation for the observations of Holly,[1] Ausman,[2] Tevetoglu[3] and many others who have reported that in the common anemias cobalt-iron therapy results in a clinical response superior to that produced by iron alone.

Increased Iron Absorption and Utilization—Recent investigations show that cobalt enhances the formation of erythropoietin.[4,5] This hormone increases the rate of production of new red cells which, in turn, increases the rate of both iron utilization by the marrow and iron absorption from the intestine.[6]

Clinical Application—In simple *iron deficiency anemia*, 89% of patients treated with Roncovite exceeded 12 Gm. of hemoglobin per 100 cc., while only 33% of the same patients treated with iron alone for a comparable period reached this level.[2] In *anemia of pregnancy*, 98.2% of Roncovite-treated patients maintained their hematologic status; 63.8% delivered with a hemoglobin of 13 Gm. per 100 cc. or more.[1] In *anemia of infancy and childhood* an average hemoglobin level of only 8.7 Gm. per 100 cc. was attained with iron alone while the same patients subsequently reached an average hemoglobin level of 11.6 Gm. per 100 cc. with Roncovite.[3]

Roncovite-MF is the new therapeutic agent based on erythropoietin formation which translates this new research into the practical utility of full iron effectiveness with greatly decreased, better tolerated iron dosage.

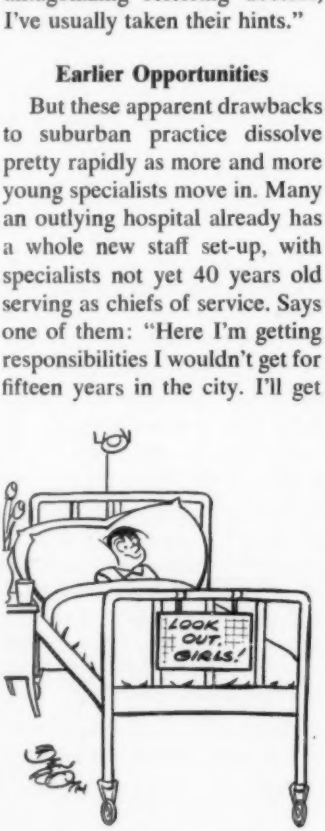
Each enteric-coated, green tablet contains:	Cobalt chloride, 15 mg. Ferrous sulfate exsiccated, 100 mg.	**Maximum adult dosage:**	one tablet after each meal and at bedtime. Supplied: Bottles of 100 tablets.

Bibliography available on request.

circumstances to the surgeon, and in doing so they get across the idea that big-city fees aren't warranted here. They've often steered me into charging less than I thought was fair. To avoid antagonizing referring doctors, I've usually taken their hints."

Earlier Opportunities

But these apparent drawbacks to suburban practice dissolve pretty rapidly as more and more young specialists move in. Many an outlying hospital already has a whole new staff set-up, with specialists not yet 40 years old serving as chiefs of service. Says one of them: "Here I'm getting responsibilities I wouldn't get for fifteen years in the city. I'll get even more as the older men retire. Then we newcomers will be able to organize this hospital exactly the way we want."



The other drawbacks are dissolving too, these new suburbanites report. Small professional buildings are springing up near the hospitals and the shopping centers as realtors realize the demand. "I pay $4.25 per square foot per year," says one new tenant, an obstetrician. "But easy parking alone makes this office worth the price. There's nothing this convenient for patients in the city."

Convenient for patients—that's one key to it. That's one big reason why suburban specialty practice tends to be financially rewarding in spite of relatively modest fees. High practice volume often produces a greater gross than the typical young specialist could earn in the city. And a greater net, too. Overhead expenses in the suburbs are almost invariably lower than they are in the city, the interviewed doctors report.

Overriding all these practical matters is the *personal satisfaction* these young specialists say they get out of their switch to the suburbs. And their satisfaction is

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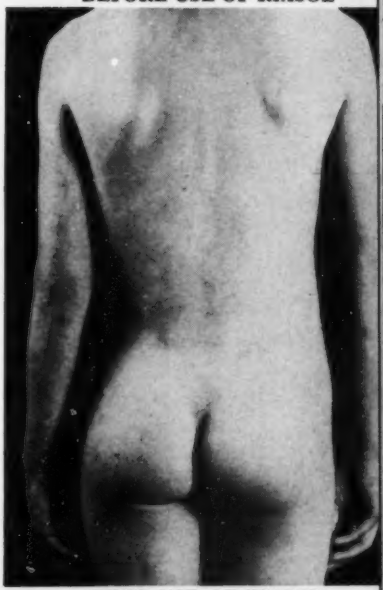

AFTER USE OF RIASOL

RIASOL FOR PSORIASIS

When tetracycline therapy is indicated–

3 INDISPUTABLE POINTS O

References: 1. Council on Drugs, A.M.A.: J.A.M.A. 166:32, 1958. 2. Pulaski, E. J.: Practitioner 179:465, 1957. 3. Cronk, G. A., and Naumann, D. E.: Ant. Med. & Clin. Ther. 4:166, 1957. 4. Kaplan, M. A., Dickison, H. L., Hubel, K. A., and Buckwalter, F. H.: Ibid. 4:99, 1957. 5. Prigot, A., Shidlovsky, B. A., and Felix, A. J.: Ibid. 4:287, 1957. 6. Pulaski, E. J., and Isokane, R. K.: Ibid. 4:408, 1957. 7. Putnam, L. E.: Ibid. 4:470, 1957. 8. Rein, C. R., and Fleischmajer, R.: Ibid. 4:422, 1957. 9. Welch, H., Lewis, C. N., Staffa, A. W., and Wright, W. W.: Ibid. 4:215, 1957. 10. Cronk, G. A., Naumann, D. E., and Casson, K.: Antibiotics Annual, 1957-8, ed. by H. Welch and F. Marti-Ibanez, Medical Encyclopedia, New York, p. 397. 11. Dube, A. H.: Ibid. p. 408. 12. Hubel, K. A., Palmeri, B., and bunn, P. A.: Ibid. p. 443. 13. Kaplan, M. A., Albright, H., and Buckwalter, F. H.: Ibid. p. 415. 14. Fortuny, P., Draper, T., and Wehrle, P. F.: Ibid. p. 388. 15. Shidlovsky, B. A., Prigot, A., Maynard, A. de L., Felix, A. J., and Hjelt-Harvey, I.: Ibid. p. 408. 16. Cronk, G. A.: Personal communication.

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apparently shared by a good many of the G.P.s who got there first. Says one suburban G.P.:

"Sure, I've lost some patients to these newcomers. But I had too many anyway. There's plenty of work here for everyone.

"These youngsters have put us old-timers on our toes. They've raised the entire level of medical care in this community. Our hospital is a hundred times better than it was before the influx. Both my patients and I enjoy the opportunity to get topnotch specialist care right here in town. This whole trend is a healthy one." END

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"...the frequency and severity of paroxysms of coughing were markedly reduced"[2]

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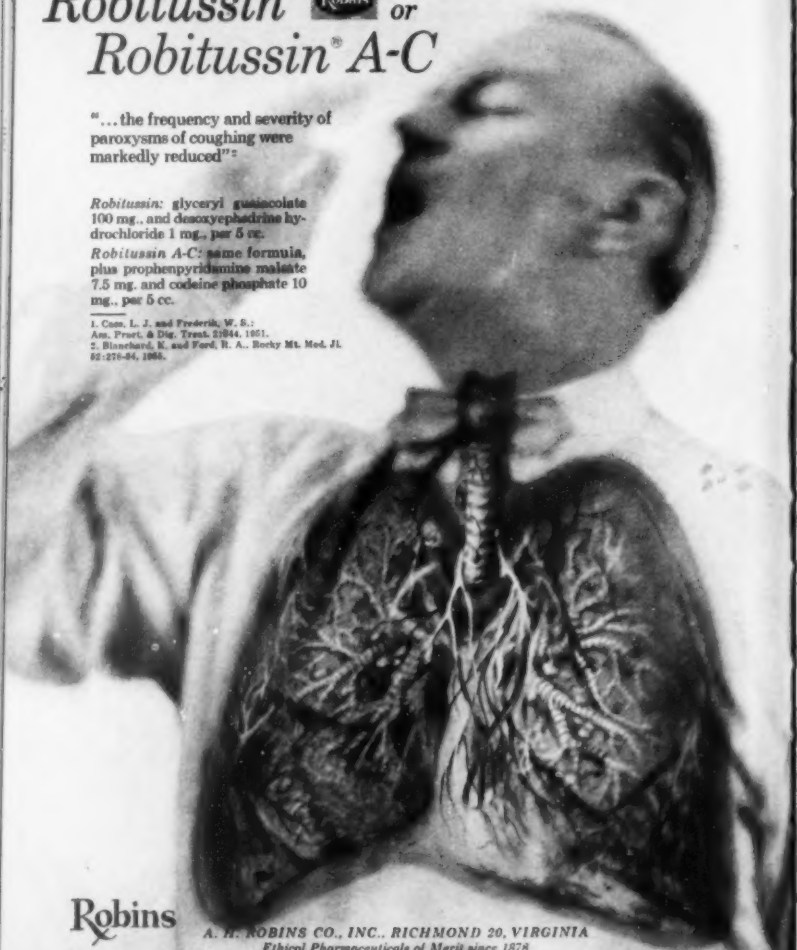
Robitussin A-C: same formula, plus prophenpyridamine maleate 7.5 mg. and codeine phosphate 10 mg., per 5 cc.

1. Coon, L. J. and Frederik, W. S.: Am. Pract. & Dig. Treat. 2:844, 1951.
2. Blanchard, K. and Ford, R. A.: Rocky Mt. Med. J. 52:278-84, 1955.



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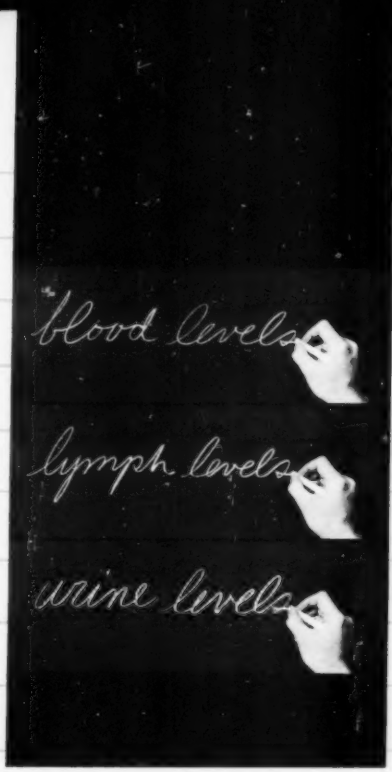

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Properties: Gantrisin provides a wide antibacterial spectrum in systemic, localized and urinary infections. Because of its high solubility, Gantrisin does not require alkalinization and there is virtually no danger of renal blocking.

Indications: Systemic, localized and urinary infections due to both gram-negative and gram-positive organisms: streptococci, staphylococci, pneumococci, meningococci, H. influenzae, K. pneumoniae, E. coli, B. proteus, B. pyocyaneus (Pseudomonas aeruginosa), A. aerogenes, B. paracolon and Alcaligenes fecalis.

For dosage and supply refer to PDR, page 759.

[CONTINUED FROM 94] asked the physician to come over and treat his wife's leg. Infection had set in, he said. The doctor refused to make the trip. But he offered to arrange for another physician in the patient's own community to make the call.

When Once Is Enough

Eventually, the woman was hospitalized for several months with a severe infection. When she sued the doctor, the court said he'd been within his rights in refusing to make follow-up visits. It pointed out that a physician may justifiably limit his services to a single treatment if the patient is so notified.

But how can you *prove* you've told an emergency patient he must see another doctor? That's the second big risk you may run when you act the good Samaritan.

Consider the Western practitioner who stopped at the side of a road to treat a man with a broken arm. He did everything required by medical ethics and the law: He bandaged the wound, applied a temporary splint, and told the man to go at once to his

own physician. Yet he was sued and forced to pay up.

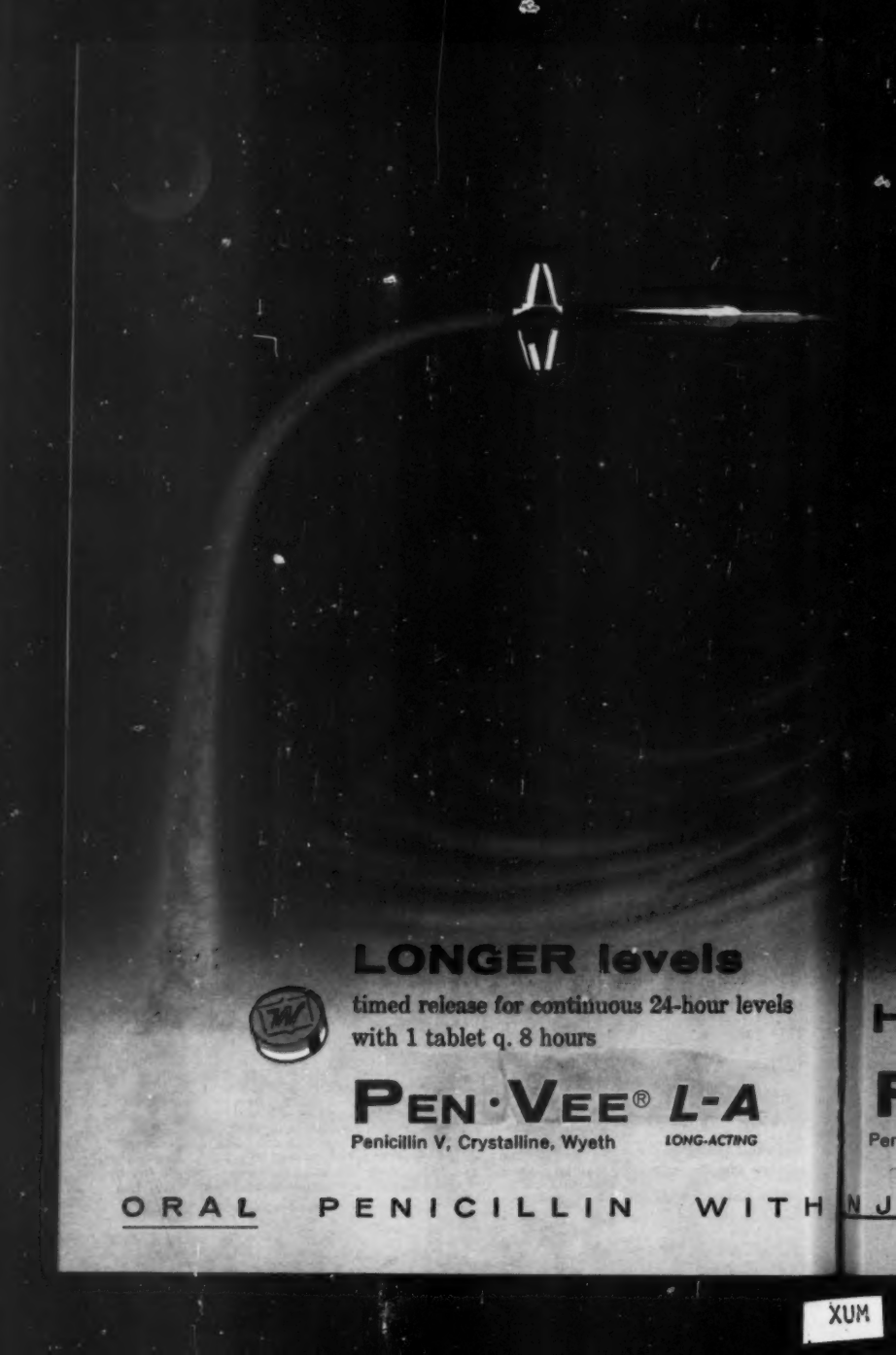
Only after suit was brought did the doctor learn that the plaintiff had ignored his instructions and had delayed seeing another physician until the arm was badly swollen. As a result, the patient was left with a permanent disability. Despite the doctor's insistence to the contrary, the fellow alleged that the defendant had told him only that the dressing shouldn't be disturbed for several days. And a sympathetic jury found for the layman.

Notes Are Important

How could the physician have protected himself against the risk of just such a suit? For one thing, since the case turned on a question of credibility, he could have made notes on what he'd done at the scene and on what he'd said to the injured man. If written and dated immediately after the incident, such notes might have turned the case in his favor.

For another thing, the doctor could have jotted down the names of witnesses to the incident, if there'd been any. The testimony of a highway patrolman or even of a disinterested spectator often furnishes corroborating evidence in such cases.

And, finally, the physician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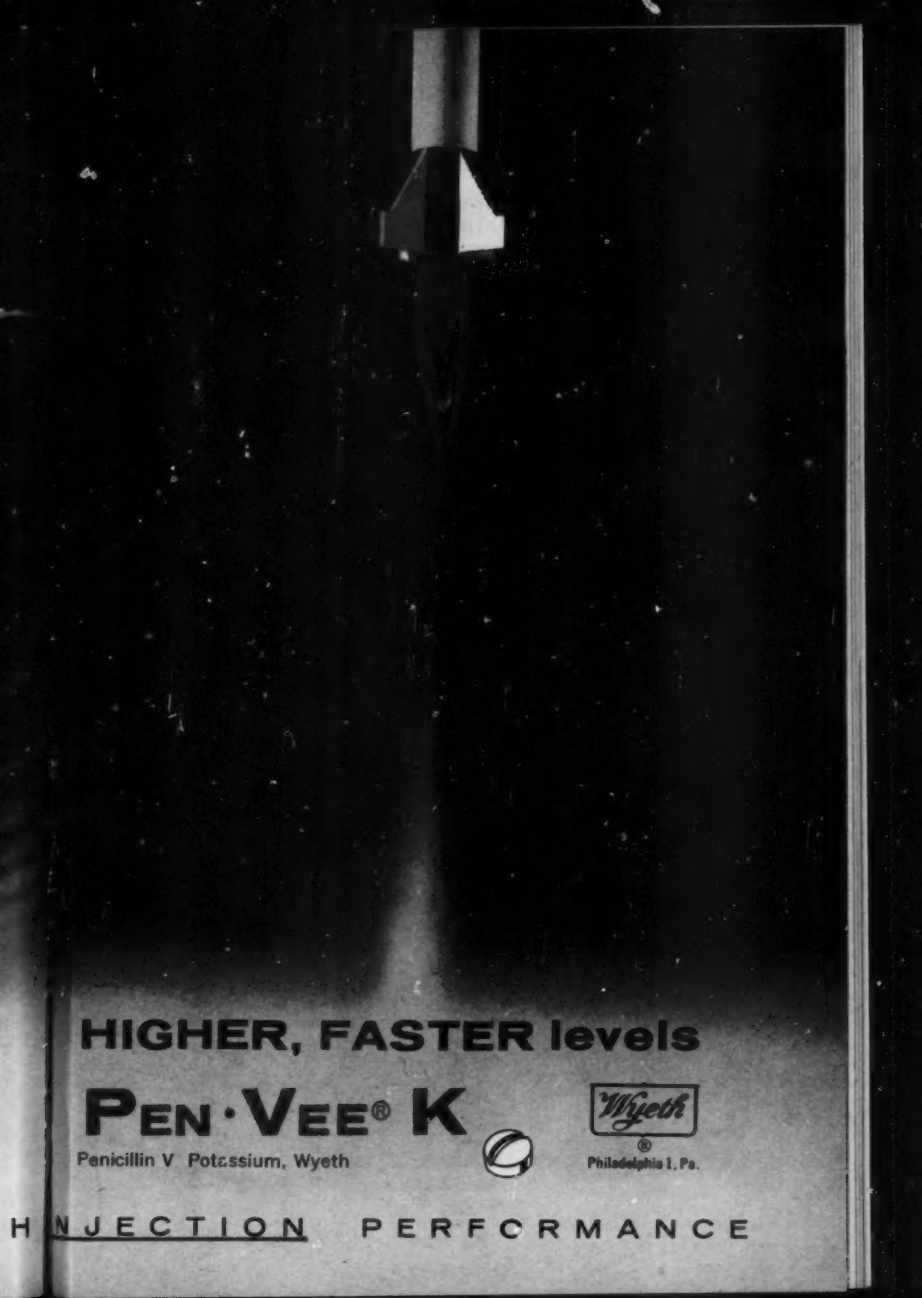
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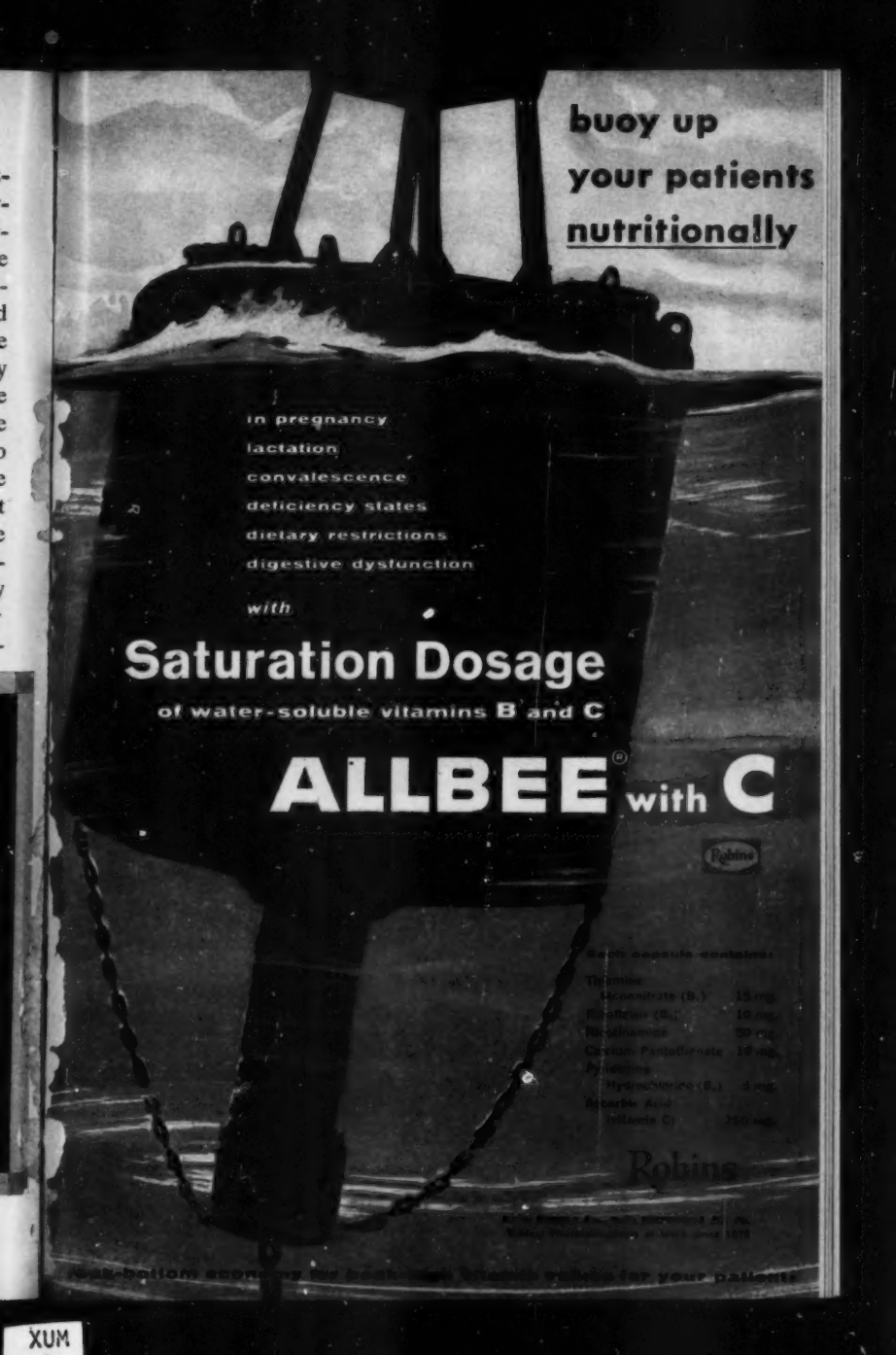
could have taken time to send the patient a registered letter restating his instructions in unmistakable terms. A carbon copy of the letter together with the registered mail receipt would probably have kept the case from getting to court.

For Self-Protection

Defense attorneys are agreed on this general rule: In any accident case, the notes you take are your best defense against legal complications.

The written word was an important factor in an Alabama decision. The doctor in question had given in-hospital emergency treatment to a child suffering from diphtheria. But since the small hospital could not provide a bed for the patient, he had directed the father to take the child home and call his family physician. To make sure these instructions were carried out, he had written a memorandum to the family doctor explaining the diagnosis and the treatment given. The child died at home soon after the arrival of the second physician; and the family sued the first man. MORE▶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"In diagnosis and treatment [of cardiovascular diseases] ...the physician must deal with both the emotional and physical components of the problem simultaneously."[1]

The addition of Miltown to PETN, *as in Miltrate, "...appears to be more effective than* [PETN] *alone in the control of coronary insufficiency and angina pectoris."*[2]

1. *Friedlander, H. S.: The role of ataraxics in cardiology. Am. J. Card.* 1:295, *March 1958.*
2. *Shapiro, S.: Observations on the use of meprobamate in cardiovascular disorders. Angiology* 8:504, *Dec. 1957.*

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Usual dosage: 1 or 2 tablets q.i.d. *before meals* and at bedtime.
Dosage should be individualized.
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But the court upheld the doctor. Its decision in part: "The treatment given was but emergency treatment, but it was the appropriate thing to do in such an emergency." The memorandum was the clincher.

Now to sum up:

1. Ethically, you're expected to do whatever you can in an emergency situation.

2. Legally, you can duck an emergency call. But if you accept it, you're committed to give such medical treatment as can reasonably be given on the spot. You don't have to continue with an emergency case beyond the first treatment, provided the patient understands you're so limiting your services. But you're liable for whatever you've actually done.

3. Your strongest defense against legal complications is some sort of written record of what you did and said at the scene. END

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1. Lubowe, I. I.: Am. Pract. & Digest Treat. 7:962, 1956

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January Through June, 1958

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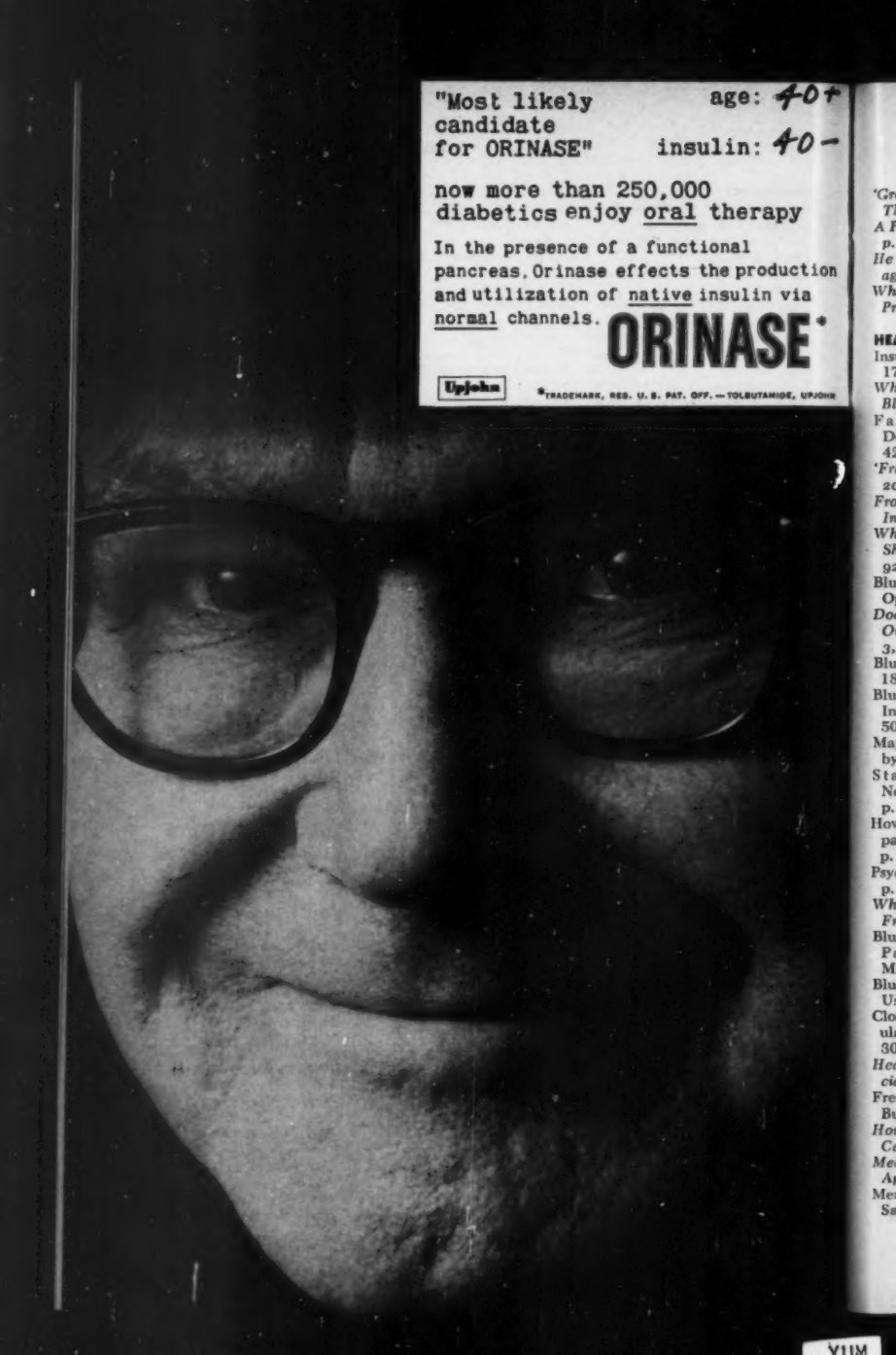
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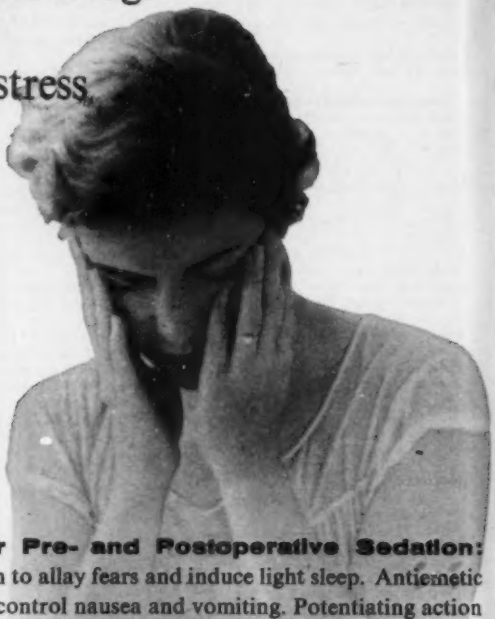

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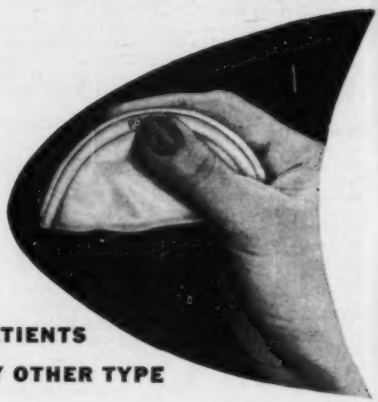

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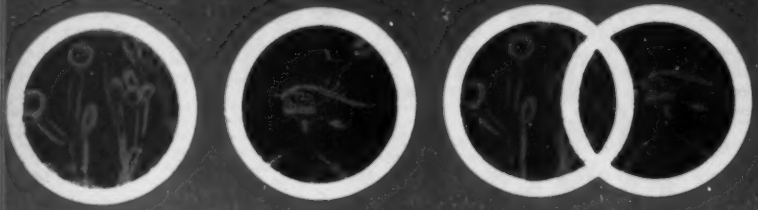

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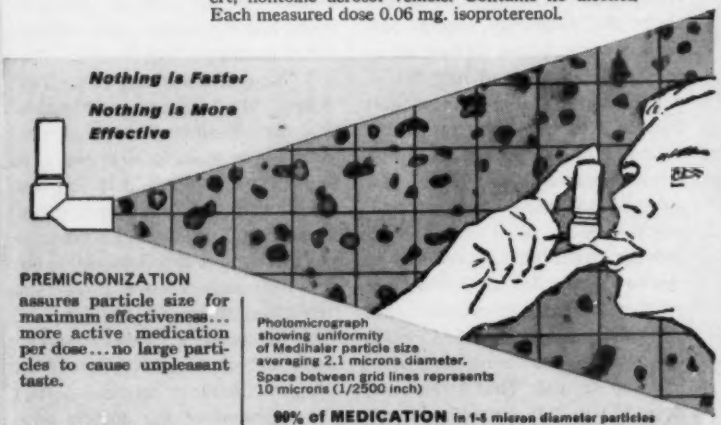

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LOS ANGELES

Memo

FROM THE EDITORS

Coming in July

We call them conversation pieces. We mean articles that not only get read; they get talked about long afterward. They're usually on subjects so interesting to doctors that no one article can be the last word. That's why you'll probably hear colleagues talking this summer about the following special features in our next two fortnightly issues, dated July 7 and July 21:

¶ "Today's Young Doctors Start Fast." You probably remember your first paying patient, your first month's earnings, your long, slow struggle to make your medical practice grow. Well, everything's moving faster now, according to this new study. Among 140 doctors who've entered solo practice since 1950, net earnings averaged $9,000 the first year and more than $16,000 the second. That "starvation period" you may remember is notably shorter now.

¶ "Tax Savings on Your Auto." Month after month, you probably spend more on your car than on any other professional asset. This article tells how to get back as much of that money as possible in tax savings. It discusses such fine points as buying a new car for professional use, then turning it over to your wife after a year or two; leasing a car vs. owning it outright; under what circumstances you can deduct 100 per cent of your car costs; and the easiest ways to keep adequate supporting records.

¶ "Your Handwriting Gives You Away." Most doctors won't believe that their handwriting reveals seventy-five or more mental and personal traits, says this M.D.; it takes a demonstration to convince them. Just for fun, MEDICAL ECONOMICS has arranged such a demonstration. Six nationally known physicians sent along unidentified samples of their handwriting for this expert to analyze. Next month you'll read his pungent character-analyses—plus the reactions of the doctors analyzed: David B. Allman, Leroy E. Burney, Morris Fishbein, Karl Menninger, I. S. Ravdin, and Paul Dudley White. END

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